

CLAIMS

MANAGEMENT HANDBOOK

FOR SEF

FOREWORD

Each county superintendent of schools has the responsibility of establishing, coordinating, and maintaining, either directly or by contract, an unemployment insurance (UI) management system for each school employer participating in the School Employees Fund (SEF) as authorized by Article 6 (commencing with Section 821) of Chapter 3 of Part 1 of Division 1 of the California Unemployment Insurance Code (CUIC). This responsibility may be delegated to any district, another county superintendent, a third party administrator, or combination of entities. Two dollars (\$2) per covered employee, provided from interest earnings from the SEF (less state administrative costs which cannot exceed \$0.05 per covered employee), is annually apportioned to the State Superintendent of Public Instruction (SSPI) or the Chancellor of the California Community Colleges (CCCC) for administration of the UI management system.

The UI management system has the goal of minimizing UI costs generated when UI benefits are paid. Components of an ideal system include general administration, claims management, and appeals processing.

I. GENERAL ADMINISTRATION

1. Employ a county schools UI specialist with sufficient staff to administer claims or to oversee the work of a third party administrator.
2. Create a contact list of people with UI responsibility in each school district within the county.
3. Train the people on the contact list.
4. Monitor experience and benefit charges.
5. Provide monthly or quarterly reports.
6. Communicate regularly with the districts on UI matters.
7. Continually review operations to control costs.

II. CLAIMS MANAGEMENT

1. Ensure that the districts properly document terminations.
2. Affirm that the districts provide each terminating employee with a notice indicating where the employee worked and the appropriate employer's address of record for claims purposes.

3. Secure timely response to claims.
4. Create and maintain claim files.

III. APPEALS PROCESSING

1. Decide if an appeal should be filed.
2. Prepare case facts and witnesses for hearings.
3. Present all evidence at hearings.
4. Review all administrative law judge (ALJ) decisions and initiate appeal to the California Unemployment Insurance Appeals Board if indicated.

**CLAIMS MANAGEMENT HANDBOOK
FOR SCHOOL EMPLOYERS**

TABLE OF CONTENTS

CHAPTER I	INTRODUCTION	PAGE
	A. HISTORY OF UNEMPLOYMENT INSURANCE	1
	B. EMPLOYMENT DEVELOPMENT DEPARTMENT	1
	C. PUBLIC SCHOOL COVERAGE	2
	D. RESOURCE MATERIALS	4
CHAPTER II	PERSONNEL MANAGEMENT	
	A. GENERAL	7
	B. CLASSIFICATION AND POLICY	7
	C. ORIENTATION	7
	D. DISCIPLINARY ACTION	8
	E. LEAVES OF ABSENCE	8
	F. LAYOFF	9
	G. SUGGESTED GUIDE FOR EXIT INTERVIEWS	10
CHAPTER III	WORK SHARING	
	A. INTENT OF THE LAW	17
	B. UI BENEFITS	17
	C. EFFECT ON EMPLOYER ACCOUNTS	18
CHAPTER IV	UI FOR SCHOOL EMPLOYEES	
	A. SCHOOL EMPLOYEE ELIGIBILITY FOR BENEFITS	19
	B. REASONABLE ASSURANCE DISQUALIFICATION	19

C. CONCEPT OF REASONABLE ASSURANCE	20
D. NOTIFICATIONS REQUIRED BY THE CUIC	22
E. NOTIFICATIONS REQUIRED BY THE EDUCATION CODE	25
F. PAYMENT OF REDUCED AWARDS BASED ON NON-SCHOOL EMPLOYMENT	26
CHAPTER V	UI PROCEDURES
A. UNEMPLOYMENT BENEFITS	27
B. PURPOSE	27
C. SAMPLE PROCEDURES MANUAL	27
FORM DE 1101CZ	28
FORM DE 1545R	29
D. ELIGIBILITY REQUIREMENTS	30
E. DETERMINATION	31
F. BENEFIT AUDITS	32
G. MONITORING JOB OPPORTUNITIES	33
CHAPTER VI	APPEALS PROCEDURES
A. PURPOSE	35
B. FILING AN APPEAL	35
C. PREPARATION FOR THE ADMINISTRATIVE LAW JUDGE (ALJ) HEARING	37
D. CONDUCT OF THE HEARING	39
E. NOTICE OF DECISION	39
F. APPEAL TO THE CALIFORNIA UI APPEALS BOARD	39

CHAPTER VII EMPLOYER REPORTS AND TAX PAYMENTS

A. COVERAGE	41
B. REGISTRATION	41
C. ADDRESS	41
D. REPORTING WAGES AND PAYMENT OF UI TAXES	42
E. STATEMENT OF BENEFIT CHARGES	48
F. EMPLOYER ACCOUNT STATEMENT	48
G. EMPLOYEES NOT COVERED BY UI	48
H. DETERMINATION OF EMPLOYER-EMPLOYEE RELATIONSHIP	49
I. REPORTING REQUIREMENTS (INDEPENDENT CONTRACTOR)	50
J. REPORTING REQUIREMENTS (NEW EMPLOYEE REPORTING)	52

APPENDIX

A. GLOSSARY	55
B. CALIFORNIA UI FORMS	64
C. ROLE OF THE CLAIMS ADMINISTRATOR	92

CHAPTER I

INTRODUCTION

A. HISTORY OF UNEMPLOYMENT INSURANCE

The Unemployment Insurance (UI) program in the United States started as part of the Social Security Act of 1935 and was developed by the Committee on Economic Security appointed by President Franklin Roosevelt. The plan provided for the development of a UI system for workers who lost their job through no fault of their own and who were seeking work. Today, Section 100 of the California Unemployment Insurance Code (CUIC) states that there shall be a setting aside of funds to be used as a UI system to provide benefits for persons unemployed, and to minimize involuntary unemployment and the suffering caused thereby.

B. EMPLOYMENT DEVELOPMENT DEPARTMENT

California's employment security system is based on the provisions of the CUIC and administered by the Employment Development Department (EDD). The system is designed to:

- Assist the prompt employment of persons seeking work;
- Assist employers seeking qualified workers;
- Stabilize purchasing power, economic conditions, and employment;
- Reduce the hardship of the involuntarily unemployed; and
- Reduce the need for public relief.

In keeping with these objectives, the EDD maintains a statewide network of field offices through which:

- Job seekers and employers are brought together;
- UI benefits are paid to unemployed workers eligible under the provisions of the CUIC; and
- The State Disability Insurance (SDI) benefits are paid to workers who are unemployed due to non-work connected illness or injury and who meet the other eligibility requirements of the CUIC.

C. PUBLIC SCHOOL COVERAGE

UI coverage was extended to classified employees of public K-12 public school districts and community college districts in legislation passed in the 1971 Session (Chapter 1622). Amendments to the Education Code and the CUIC covered regularly employed classified school employees effective January 1, 1972. Certificated employees, substitutes, short-term employees, part-time playground apprentices, temporary apprentices, private consultants, temporary professional experts, and emergency employees, and temporary employees were not covered. SDI was an elective coverage by the school district employer. Chapter 319, 1972 Statutes, effective July 10, 1972, amended the Education Code and added Sections 821 and 832 to the CUIC, retroactive to January 1972 which:

1. Mandated that school district employers reimburse the UI Fund for the cost of benefits paid via membership in the Classified School Employees Fund;
2. Required each school district employer to remit a percentage of total wages to pay for UI;
3. Required each school district employer to pay a sliding scale of quarterly benefits paid to its former employees (Local Experience Charges); and
4. Establish the Classified School Employees Fund in the State Treasury to both receive contributions from school district employers and reimburse the UI Fund for benefits paid to former school employees.

The coverage, extended to specific school district employees, included a special disqualification. If an employee was not returned to work after a recess or was laid off within 30 days after returning to work, the employee was eligible to receive retroactive benefits during the recess, if otherwise eligible. To identify employees subject to this special condition and to report wages under the financing method required, the EDD assigned employer account numbers in the 941 series to school district employers and created the Classified School Employees Fund Bureau to administer the program.

Chapter 2, 1978 Statutes, conforming to federal law (PL 94-566), caused a major change in UI coverage for public school districts by extending coverage to virtually all public employees. Excluded were students and students' spouses working where enrolled, as well as elected officials and employees in work training or work-relief programs. The fund name was changed to the School Employees Fund (SEF) which succeeded to all rights, responsibilities, and assets of the former Classified School Employees Fund. All school districts were allowed the option to remain in SEF, to finance UI costs by direct reimbursement of total benefit costs to the UI Fund, or to pay a payroll

tax as required by the private sector employer. As of January 1, 1978, all school districts in SEF received new employer account numbers in the 942 series to identify charges resulting from full coverage. In addition, Education Code Section 1330 was amended to require each county superintendent of schools to operate directly, or by contract, a UI management system for each school employer in the fund, or optionally to delegate these duties to any district or other county superintendent of schools. The SEF transfers over \$1.6 million annually, from interest earned, at the rate of \$2 per covered employee to the State Superintendent of Public Instruction and the Chancellor of the California Community Colleges to apportion to each county superintendent of schools to pay the administrative costs of the UI management system. Historically, this has lowered UI costs and has made California school district employers more sophisticated and knowledgeable in UI administration than the balance of the employers in either the private or public sectors.

In addition, in Chapter 2, 1978 Statutes, the special eligibility disqualification, referenced previously, was replaced by CUIC Section 1253.3, which established “reasonable assurance” of return to work after a recess period as a disqualification for benefits. Previous retroactive provisions were dropped. Chapter 947, Statutes of 1978, created a five-member School Employer Advisory Committee (SEAC) which is required to meet at least semi-annually with the administrator (Director of the EDD) to consider and recommend improvements concerning the administration of the SEF. The committee consists of one (1) appointee from each of the following:

- State Superintendent of Public Instruction (SSPI)
- Chancellor of the California Community Colleges (CCCC)
- Association of California School Administrators (ACSA)
- California Association of School Business Officials (CASBO)
- California School Boards Association (CSBA)

The SEAC established a technical subcommittee to aid in its duties.

The 1984 Statutes revised the Local Experience Charge (LEC) levied on each school employer based on the employer’s reserve ratio. The ratio is calculated annually by dividing the reserve balance at the end of the fiscal year (cumulative from the beginning of the employer’s participation in the SEF) which began 24 months prior to the fiscal year for which the rate is being calculated by benefits paid for during that same prior fiscal year. The number of times the reserve balance exceeds the benefit charges determines the employer’s LEC rate at 0%, 5%, 10%, or 15%.

D. RESOURCE MATERIALS

There are numerous publications that may easily be obtained. The most prominent publications are cited below:

1. California Unemployment Insurance Code (CUIC). In processing UI claims, certain sections of the CUIC are frequently cited by number; and research of the full text of these sections may be found on the back of the "Notice of Determination, DE 1080 CT (SEE APPENDIX B). The CUIC may be purchased by contacting:

Employment Development Department
Business Operations Planning and Support Division, MIC 62-1
Post Office Box 826880
Sacramento, CA 94280-0001
(916) 654-6949

You may also access the CUIC through the Internet at:

 <http://www.leginfo.ca.gov/calaw.html>

2. California Administrative Code Title 22 is an official publication of the State of California containing regulations of EDD and the California Unemployment Insurance Appeals Board (CUIAB) implementing various sections of the CUIC. The California Administrative Code is available in public law libraries, many private law offices, or may be obtained by contacting:

Barclays Law Publishers
Post Office Box 95767
Chicago, IL 60694-5767
(800) 888-3600
(415) 732-8875 FAX

You may also access the California Administrative Code through the California Home Page on the Internet at:

 <http://www.ca.gov>

Click on Government, and then click on Constitutions, Laws and Regulations.

3. Employer's Guide (DE 44) published by EDD, is a brief comprehensive booklet, frequently updated, which provides excellent guidance and serves as a quick reference. It covers both the UI and SDI programs, along with descriptions of the taxing provisions associated with each program. Additional information can be obtained from the EDD staff at any Employment Tax Customer Service Office.

4. Precedent Benefit (PB) Decisions, rendered and published by the CUIAB, are decisions that serve as the interpretation of many CUIC Sections. The PB decisions apply to benefit, tax, disability, and ruling cases. These decisions are binding on the department and all Appeals' offices throughout the State of California, and they become the basis for decisions rendered by the Administrative Law Judges (ALJ).

PB decisions are published individually and as bound volumes. An Index Digest is published to provide both an index and cross-reference.

The bound volumes and Index Digest provide the most comprehensive and detailed reviews of the PB decisions and the CUIC interpretations of the applicable Section. PB decisions may be obtained by contacting:

School Employees Fund Unit
Employment Development Department
800 Capitol Mall, MIC 13
Sacramento, CA 95814
(916) 653-5380

You may also access the PB decisions through the Internet at:

 <http://www.edd.ca.gov/txprecdt/txpdind.htm>

5. Unemployment Appeals - A Guide for Claimants, Employers, and Their Representatives (DE 1434) and Appeals Procedure (DE 1433) are two publications provided by the CUIAB to help prepare for UI appeals hearings and can also be obtained at:

School Employees Fund Unit
Employment Development Department
800 Capitol Mall, MIC 13
Sacramento, CA 95814
(916) 653-5380

6. California Employer, a newsletter distributed by EDD, contains vital information on legislative changes, regulation changes, and reporting requirements of California employers.
7. Additional information may be obtained by contacting the appropriate EDD office. General matters concerning jobs or the payment of UI or SDI benefits should be referred to the appropriate EDD field office.

Questions regarding employer status, registration, UI financing, and payment of contributions should be directed to the SEF Unit at:

School Employees Fund Unit
Employment Development Department
800 Capitol Mall, MIC 13
Sacramento, CA 95814
(916) 653-5380

Other inquiries regarding the withholding of SDI premiums or Personal Income Tax (PIT) can be directed to the nearest Employment Tax Customer Service Office.

8. General information about EDD's many diverse programs is available to view on the Internet. To access this information, please use the following Internet address:



<http://www.edd.ca.gov>

CHAPTER II

PERSONNEL MANAGEMENT

A. GENERAL

Each school district has a personnel management system, which may be simple or elaborate whose objective is to provide a system that meets the needs of the organization while providing fair and equitable treatment of its employees. The purpose of this chapter is to discuss those portions of a district's personnel management system that pertains to UI.

B. CLASSIFICATION AND POLICY

The classification and pay policy has certain requirements that must be established for most positions in the organization.

1. Job Description and Duty Statement - Specific duties and responsibilities of the position.
2. Selection Criteria - Qualifications, educational background, and test of fitness are required to perform the duties.
3. Compensation - The compensation paid to individuals on initial hire and throughout employment.
4. Performance Evaluation - The standards of performance required of employees and the impact of the evaluation on their continued employment must be clearly stated to all employees.

C. ORIENTATION

It is important that each new employee be given a formal orientation. This should include the district policies, procedures, rules, and regulations.

The district's policies, procedures, and employee benefits should be provided verbally, along with descriptive literature such as an employee handbook, insurance certificates, and other material. By doing this, each employee has a ready reference for each subject covered. It is common practice to require that each employee receiving an employee handbook be required to sign a statement acknowledging receipt and that orientation has been provided and understood. Each piece of literature given out at the orientation should be explained to ensure that the employee knows what it contains and how further information may be obtained. It is important that a formal dated record is made, listing those involved by name and department.

Orientation to policies regarding absenteeism, tardiness, and discipline provides a means of rebuttal to statements made by former employees who may be seeking UI benefits, such as “I didn’t know, because no one ever told me that there was a policy,” or “No one told me that I would be expected to know that,” or “I didn’t know they could discipline or fire me for that.”

D. DISCIPLINARY ACTION

It is extremely important to establish policies and procedures that inform employees that certain rules must be followed. Employees must be informed when they violate rules. They must be warned that continued infraction of the rules will result in disciplinary action, including the possibility of discharge. Employees have the right to know the consequence of their actions, and they should be given a reasonable time, following each warning, to show improvement. The word “reasonable” does not necessarily mean a greatly extended period of time. It can mean a matter of days or weeks, depending upon the seriousness of the infraction. While progressive discipline may be the normal procedure, gross misconduct may lead to immediate suspension or discharge; therefore, written policies and procedures should provide for this contingency in serious misconduct cases.

When attendance or tardiness is a reason for termination, the employer must retain detailed documentation in order to substantiate an allegation of misconduct.

Timeliness is important in taking corrective action or administering disciplinary procedures. Timeliness is reviewed very closely in UI cases, as well as in labor relation cases. District forms should be developed to ensure consistency in recording each step of a disciplinary process or corrective action plan.

E. LEAVES OF ABSENCE

The determination of whether a claimant quit his or her active employment with good cause often depends on the existence of a leave of absence policy and its availability to an individual. A leave of absence policy preserves the employment relationship at a time when certain circumstances require an absence from the job for a reasonable time.

The CUIAB has held that an employee, to be eligible to receive UI benefits, must use all reasonable means to preserve the employment relationship; and, if a leave of absence policy exists, the employee is responsible for exploring the possibility of such a leave. However, the employer is also obligated to

advise the employee of the availability of a leave policy. There are several key points that should be considered in establishing a leave of absence policy:

1. It must be easily understood.
2. Each employee must be made aware of the existence of the policy and of the procedure for requesting a leave.
3. There must be provisions that will allow the employee to return to the same or similar position at the end of the leave. A promise of preferential rehire does not satisfy this requirement.
4. Specific dates for the leaves must be identified and agreed to by both parties.
5. If the employer does not offer an available leave of absence, the employee's failure to request a leave may be disregarded in cases involving UI. A request for a leave of absence must be in writing and maintained as a permanent record in the employee's file. It should properly identify the employee, the effective date of the leave, the expected return-to-work date, and the reason for the request. Approval or disapproval of the leave request, and the reason for disapproval, should also be made a part of the file.

F. LAYOFF

In a layoff situation, the employer generally is the moving party. The employee is unemployed, through no fault of his or her own, as the result of a lack of work.

PB Decisions have established that employees who are subject to layoff need not accept a reduction in job classification with a reduction in pay if the reduction is substantial.

Most employers have a layoff policy with their agreement or contract with employee organizations. It covers in detail the procedure that will be used in the event of reduction of staff. Collective bargaining agreements usually specify layoff procedures to be followed and provisions for rehire. If the employer has the discretion of implementing layoffs, the objective should be to retain as many employees as possible; by reassignment, demotion in lieu of layoff, reduction in hours worked, and work sharing (SEE CHAPTER III).

G. SUGGESTED GUIDE FOR EXIT INTERVIEWS

In all cases, regardless of reason for termination, the following data should be made available in the event a claim for UI is made by a former employee:

1. Employee's name and title;
2. First and last day worked;
3. Wages (including differential pay);
4. Address of work site *;
5. Effective date of resignation or discharge;
6. Pay in lieu of notice (period of time covered and the dollar amount); and
7. Copy of signed resignation or formal recommendation for discharge.

* Inform the employee of your address of record as provided in the CUIC Section 806. The EDD will use the address of record to notify your district of any claims.

The following suggested questions should be asked when a resignation/discharge occurs. No specific format for an exit interview is set forth; however, answers to the appropriate questions are of great value to the UI Specialist in responding to EDD inquiries.

Reasons for Severance of Employer-Employee Relationship

Resigned because of health:

1. Type of illness
2. Reason that illness necessitates termination of work
3. On doctor's advice to quit - is doctor's name available?
4. Proof of doctor's advice to quit - is letter available?
5. Estimated period of time before able to work again
6. Entitlement to sickness benefits - how long?

7. Was leave of absence available? Was a leave of absence requested, suggested, discussed, or denied? Did the employee refuse a leave of absence? Why?

Resigned because of pregnancy:

1. When is the baby due?
2. How long will the doctor allow the employee to work?
3. Does the employee plan to work after the birth of the child?
4. Was a maternity leave of absence requested, suggested, discussed, or denied? Did the employee refuse a maternity leave of absence? Why?
5. If there is not going to be a leave of absence, did the employee or employer set the date of the employee's resignation? How was it agreed upon? What was said?

Resigned because of child care:

1. Is the employee staying at home to care for children because of preference or necessity?
2. What effort has the employee made to secure adequate child care? Inquiries? Advertised? How much effort was put forth?
3. What was the previous child care arrangement? For how long? What happened to terminate it?
4. Was part-time work or leave of absence requested, suggested, discussed, or denied? Did the employee refuse part-time work or leave of absence? Why?

Resigned because of commute:

1. How long had the employee been commuting to work?
2. What was the commute time? What was the distance?
3. Why did the employee now object to the commute?
4. Was the commute time and distance common for that type of work in that area?
5. Would a leave of absence have helped resolve the situation?
6. Did the employee request a leave? Did the employer offer a leave?

7. Was a transfer to a work location closer to the employee's home available?

Resigned because of lack of transportation:

1. What type of transportation did employee use? Private? Public?
2. How long did employee use this type of transportation?
3. Did the employee try to obtain other transportation - car pool, advertising, and/or bulletin board? If not, why not?
4. Did the employee live at his or her present address at the time he or she began work for the employer?
5. Did the employee move away from the area of work? Why? How long ago did the employee move?
6. Was a transfer to a work location closer to the employee's home available?
7. If the lack of transportation is only temporary, would a transfer or leave of absence resolve the problem? Was a transfer or leave of absence requested, suggested, discussed, or denied? Did the employee refuse a transfer or leave of absence? Why?

Resigned to be married:

1. When will the marriage take place? Where?
2. Will the employee move from the area? Where? When?
3. Will the employee work after marriage?
4. Was a transfer or leave of absence requested, suggested, discussed, or denied? Did the employee refuse a transfer or leave of absence? Why?

Resigned because of working hours:

1. What hours was the employee scheduled to work?
2. Why were scheduled hours disagreeable?
3. Did the employee select his or her own hours?
4. Did the employee restrict his or her hours or days at the time of application for work?

5. Was a change in hours available? Was a change in hours requested, suggested, discussed, or denied? Was a change in hours refused by the employee? Why?

Resigned because of illness or death in the family:

1. Who is ill in the family? What is the nature of the illness?
2. How much time will be required to care for the ill person?
3. How long has the present condition existed?
4. Why must the employee take the responsibility?
5. When does the employee anticipate returning to the labor market?
6. Was a change in hours, part-time work, or leave of absence requested, suggested, discussed, or denied? Did the employee refuse a change in hours, part-time work, or leave of absence? Why?

Resigned to join spouse or domestic partner:

1. Has the spouse or domestic partner established a permanent domicile elsewhere?
2. Is the spouse or domestic partner employed at a new location?
3. Is the spouse or domestic partner temporarily transferred? For how long? What living arrangements have been made?
4. Does the employee plan to seek work?
5. Was a transfer or leave of absence requested, suggested, discussed, or denied? Did the employee refuse a transfer or leave of absence? Why?

Resigned for personal reasons:

1. What are the personal reasons? Details?
2. Is resignation the only solution?
3. Was a leave of absence or transfer requested, suggested, discussed, or denied? Did the employee refuse a leave of absence or transfer? Why?

Resigned because of employer's refusal to grant a leave of absence:

1. What was the reason for the request?
2. Why was the leave necessary?
3. Why was the leave denied?

Resigned to go to school:

1. What is the name of the school? Where is the school located?
2. When will the employee start going to school? Will the employee be going to school on a full-time or part-time basis? What will be the hours of attendance?
3. Does the employee anticipate working part-time?
4. Was part-time work, leave of absence, or change of hours requested, suggested, discussed, or denied? Was part-time work, leave of absence, or change of hours refused by the employee? Why?

Resigned to stay at home:

1. Is the need to stay at home a matter of preference or necessity? Why?
2. Is the purpose for staying at home domestic duties? Why?
3. Was part-time work, leave of absence, or change of hours requested, suggested, discussed, or denied? Was part-time work, leave of absence, or change of hours refused by the employee? Why?

Resigned to accept other employment:

1. What prospects does the employee have for other work?
2. Who will the employee work for?
3. What salary will the employee earn at the other job?
4. When will the employee start the new job?
5. When did the employee apply for the other job?

6. Was a leave of absence or change of hours requested, suggested, discussed, or denied? Was a leave of absence or change of hours refused by the employee? Why?

Resigned because of job:

1. Did the employee have a lack of interest in the job? What caused the lack of interest? Had sufficient training or instruction been received? Did the employee think so?
2. Did the employee feel there were too few opportunities for advancement?
3. Was the employee dissatisfied with his or her supervision? Why?
4. Was the employee dissatisfied with other employees? Details?
5. Was there a possibility of a transfer to other work or another department? Was a transfer requested, suggested, discussed, or denied? Did the employee refuse a transfer? Why?

Resigned because of personal business venture:

1. Is the business venture a permanent thing?
2. What is the nature of the business?
3. Was part-time work, leave of absence, or a change of hours requested, suggested, discussed, or denied? Was part-time work, leave of absence, or a change of hours refused by the employee? Why?

Resigned because of incarceration:

1. What was the nature of the offense?
2. When was the employee incarcerated? For how long? Where?

Resigned to enter military service:

1. Was the employee drafted, enlisted, a reserve callback, or anticipating a call to duty?
2. Does the order instruct the employee to report for a physical exam or for induction?
3. What is the date of induction? Where? For how long?

4. Was a leave of absence requested, suggested, discussed, or denied? Did the employee refuse a leave of absence? Why?

Job abandonment:

1. What are the background details that may have motivated abandonment?
2. Is an address known where a letter of inquiry can be sent?
3. Was a letter sent? Was a response received?

Retirement:

1. Was the retirement compulsory? Is the employee younger than age 65? Did the employee request the retirement? Why? Did the employer suggest the retirement? Why?
2. Is the employee eligible for a pension? If not, did the employee receive any severance pay?

CHAPTER III

WORK SHARING

A. INTENT OF THE LAW

Section 1279.5 of the CUIA, provides for the payment of UI benefits to employees who participate in work or job sharing as an alternative to layoffs. The intent of the law is to reduce the burden of layoff by distributing available work hours among a large number of employees.

When an employer finds it necessary to reduce the work and the resultant wages among 10 percent or more of an identifiable work group, the employer may voluntarily choose to file a work sharing plan with the EDD. An approved plan would qualify affected employees for work sharing UI benefits. The plan must involve the participation of at least two employees and include not less than 10 percent of the employer's regular permanent workforce involved in the affected work unit or units in each week or in at least one week of a consecutive two-week period. A plan approved by the director shall expire six months after the effective date of the plan. If the employees are part of a bargaining unit, the bargaining unit must also agree to the plan before it may be approved. The director may terminate a shared work plan for good cause if the plan is not being carried out according to the terms and intent.

B. UI BENEFITS

In an authorized plan, the affected employees would receive a part of the weekly UI benefits for which they would normally qualify, proportional to the reduction in hours and wages of each employee. However, not only must there be a 10 percent reduction in the work force to qualify for the plan, but each affected employee's work and resultant wages must be reduced by 10 percent or more in order to qualify for benefits under the program.

Claimants receiving extended duration benefits are not eligible to participate in or receive benefits under this program. Any benefits otherwise payable under this program are reduced by the amount of any and all compensation payable for personal services whether performed as an employee, as an independent contractor, as a juror, or as a witness. There is no reduction for any compensation payable by the regular employer that is not in excess of compensation payable for reduced hours of work originally assigned to an individual under a shared work plan.

C. EFFECT ON EMPLOYER ACCOUNTS

The SEF is charged for any work share benefits under this program and will charge the benefits against individual school district reserves. The SEF will also assess local experience charges to the district.

CHAPTER IV

UI FOR SCHOOL EMPLOYEES

A. SCHOOL EMPLOYEE ELIGIBILITY FOR BENEFITS

The UI program covers persons who are employed by educational institutions, specifically preschools, elementary or secondary schools, as well as community colleges or higher educational institutions and nonprofit educational institutions. Section 642 of the CUIC excludes from “employment” students who are enrolled and regularly attending classes at the school where employed. Students who continue working when school is not in session are reportable as covered employees for that period of time.

CUIC Sections 642 and 646 also include information on exclusions for work experience and cooperative education students and spouses of students. CUIC Section 634.5 excludes, in part, elected officials such as board members.

B. REASONABLE ASSURANCE DISQUALIFICATION

CUIC Section 1253.3 provides for special disqualification for those individuals whose claims are based on employment with an educational institution. The disqualifying provisions of CUIC Section 1253.3 apply to:

1. Employees who perform services in instructional, research or principal administrative capacities provided the individuals perform services in the first academic year or term and there is reasonable assurance they will perform services for any educational institution in the ensuing year or term.
2. All other employees of schools, provided the individual performs services preceding the recess and has reasonable assurance of working in a similar capacity following recess.

The following chart shows how sub-sections (b), (c) and (d) of CUIC Section 1253.3 apply to the different classifications of employees and the different periods of disqualification for which they provide. Disqualification is assessed only if the employee has “reasonable assurance” of reemployment for the next designated term.

CUIC SECTION CLASSIFICATION	PERIOD OF DISQUALIFICATION OF EMPLOYEES
1253.3 (b) Instructional, Research or Principal Administrative employees.	Any week, which commences during: <ol style="list-style-type: none"> 1) The period between two successive academic years or terms. 2) A similar period between two regular, but not successive terms if provided for in agreement. 3) A period of paid sabbatical leave provided for in the individual's contract.
1253.3 (c) All Others - All employees who do not work in instructional, research, or principal administrative capacities)	Any week which commences during the period between two successive academic years or terms.
1253 (d) All employees	Any week which commences during an established and customary vacation period or holiday recess.

C. CONCEPT OF REASONABLE ASSURANCE

When schools close for Winter, Spring, intercession, and Summer recesses, many school employees may file UI claims. The overriding consideration in determining the eligibility of a school employee who is filing a claim during a recess period is whether or not he or she has "reasonable assurance" of returning to work in the next school term. It is essential that districts notify the UI Specialist that these employees have reasonable assurance of returning to work after the recess. Failure to do so could result in benefits being paid to claimants who would otherwise be ineligible. For this reason it is imperative that the concept and application of this term "reasonable assurance" be thoroughly understood.

1. Definition of Reasonable Assurance

Reasonable assurance, as used in conjunction with continuing school employment, means a written, verbal or implied agreement that the employee will perform services during the ensuing year or term. PB 461 requires that for reasonable assurance to exist, the economic terms and conditions of the employment offered to the claimant in the new school year be reasonably the same as those conditions in the previous school year.

To find that there is “reasonable assurance,” the school employer must offer to reemploy the individual in the next term or in the resumed term (“resumed term” refers to the academic schedule following a recess period within a term, such as Winter or Spring break). The offer must be communicated in an explicit manner to the individual.

Reasonable assurance is considered to exist when the district has indicated to the individual that continued work is expected to be available for the individual and no action has been taken to terminate the employment relationship.

NOTE:

Federal law does not require that for there to be a finding that an employee has reasonable assurance, such assurance provide that a job will be waiting regardless of enrollment, funding or program changes. While reasonable assurance cannot be conditional upon variables occurring (i.e., “if enrollment is up, we will hire you”) neither is the employer required to provide a guarantee of work regardless of any future contingencies. The assurance must represent best judgment based on the facts at hand.

2. It should be noted that if the school employer meets the burden described previously, i.e., communication of bona fide offer to the individual, the individual’s refusal of or non-response to an offer of work or to reasonable assurance will raise an issue of eligibility. EDD will determine if the refusal of or non-response to an offer constitutes a voluntary resignation, a refusal of suitable work, or a reasonable assurance issue, depending on the specific facts of the case. Presently, there are no precedent decisions to clearly define how to interpret each of these situations. However, in general, a refusal of reasonable assurance by a permanent employee raises a voluntary resignation issue. A refusal of an offer of work by a new employee raises an issue of refusal of suitable work. A substitute, who refuses a bona fide commitment by the employer to return to work as a

substitute, may still be found to have reasonable assurance under Section 1253.3 of the CUIC.

3. Any time a claimant disputes a school employer's contention that he or she has reasonable assurance of returning to work or any time EDD receives information which raises a question about the school employer's commitment, EDD must investigate the matter further.

In such cases, the burden of proof would be on the school employer to establish that a bona fide commitment of continued employment has been made to the individual.

D. NOTIFICATIONS REQUIRED BY THE CUIC

1. Ten and Eleven-Month **Non**-Instructional, Research or Principal Administrative Personnel:

The CUIC (Section 1253.3(i)) requires that employers shall provide their employees who are **not** in instructional, research or principal administrative capacities a written notice containing the information specified below not later than 30 days prior to the end of the school year or term.

a) No Reasonable Assurance

If the individual does not have reasonable assurance of returning to work at the close of the recess, he or she must be notified of that fact and also that he or she should file a claim for UI benefits at the close of the school year or term.

This can be accomplished by incorporating a statement in the lay-off notice to the employee, as required by Education Code Section 45117, such as..."You are hereby notified that, because you do not have reasonable assurance of returning to work for us next year, you should file a UI claim with the EDD at the close of this school year/term."

b) Reasonable Assurance

If the individual has reasonable assurance of returning to work at the close of recess, he or she must be notified by law that:

- 1) They have reasonable assurance to return to work.
- 2) They may file a claim for UI benefits.

- 3) The determination of eligibility will be made by the EDD and not by the district.
- 4) They may be entitled to benefits retroactive to the date of initial claim if they are not rehired and are otherwise eligible. The claim for retroactive benefits must be filed within 30 days of the start of the next academic year or term and the individual must submit claim forms for each week benefits are denied due to reasonable assurance.
- c) Personnel assigned to categorically, specially or federally funded projects, by nature of positions, are often terminated at the end of the school year. Districts should review the history of the projects. If the projects have been renewed annually for several years, send the employees a letter of reasonable assurance. **DO NOT LAY OFF ALL CATEGORICALLY, SPECIALLY OR FEDERALLY FUNDED PROJECT EMPLOYEES UNLESS YOU DO NOT EXPECT THE PROJECT TO BE FUNDED IN THE NEXT TERM.**

If a UI claim is received for one of these employees, the UI Specialist should attach a copy of the reasonable assurance letter to the DE 1101CZ. If the employee does not have reasonable assurance, the UI Specialist should not respond to the DE 1101CZ.

- d) Substitutes: Please refer to substitute category on page 25. The same procedures apply to all classes of substitutes.

If a UI claim is received for one of these employees and if the employee has reasonable assurance, the UI Specialist should attach a copy of the letter to the DE 1101CZ. If the employee does not have reasonable assurance, the UI Specialist should not respond to the DE 1101CZ.

2. Instruction, Research or Principal Administrative Personnel:

- a) Permanent full-time 12-month employees should not require annual notification since there is no recess; and for those employees who have contracts, their contracts provide assurance.
- b) Regular certificated personnel working less than 12 months, tenured and probationary teachers, administrators and all other certificated personnel,

who have a continuing contract with the district and who have not received mandatory layoff notices as required by Education Code Sections 44951 and 44955, have automatic reasonable assurance. No special letter of assurance is required. However, districts may wish to notify these employees of their specific return-to-work date.

- c) Regular classified, research or principal administrative employees working less than 12 months who have not received the mandatory 30-day layoff notices as required by the Education Code have automatic reasonable assurance. However, districts may wish to notify these employees of their specific return-to-work date.

If UI claim is received for one of these employees, the UI Specialist should indicate “Permanent Employee – has reasonable assurance” on the “Employer Notice of UI Claim Filed”, DE 1101CZ (SEE APPENDIX B).

- d) Temporary contract employees on a limited term contract that expires at the end of the term are considered to be laid off and eligible for benefits unless the district can offer them a new contract or position providing substantially similar economic terms and conditions. Districts should review their staffing needs and employees’ work histories and, if at all possible, give them letters of reasonable assurance.

If a UI claim is received for one of these employees who has reasonable assurance, the UI Specialist should attach a copy of the assignment, other notice or reasonable assurance letter to the DE 1101CZ. If a UI claim is received for an employee who does not have reasonable assurance, the UI Specialist should not respond to the DE 1101CZ.

- e) Hourly or part-time adult education teachers have reasonable assurance if the district has notified them of their expected assignment in the next term. Published class schedules, assignment notices, or similar notices will suffice as reasonable assurance letters.

If a UI claim is received for one of these employees, the UI Specialist should attach a copy of the assignment, other notice or reasonable assurance letter to the DE 1101CZ. If no assignment has been given, the UI Specialist should not respond to the DE 1101CZ.

- f) Hourly or part-time non-tenured Community College instructors whose offers of work or assignments are contingent on funding, enrollment or program changes do not have reasonable assurance, according to a published court decision (Cervisi et al v Unemployment Insurance Appeals Board). The UI specialists should continue to report all refusals or offers of work to EDD.
- g) Substitutes whom districts expect to use in the ensuing term are considered to have reasonable assurance of returning to work. The district should carefully analyze the work history of its current substitutes to determine those most frequently called. It should only send letters of reasonable assurance to those whom the district intends to rehire.

Keep a "Separate Substitute List for Summer School". Substitutes who are on call during the summer school session will be entitled to claim benefits during that session. You will want to keep this list to the minimum required.

If a UI claim is received for one of these employees, the UI Specialist should attach a copy of the reasonable assurance letter to the claim. If the employee does not have reasonable assurance, the UI Specialist should not respond to the DE 1101CZ.

3. Laid Off Personnel

Districts should prepare a list of names and social security numbers of employees who are laid off and will not receive reasonable assurance letters and submit it to the UI Specialist as soon as the termination decision has been made. Unemployment insurance claims received for these individuals require no response to EDD.

4. Rehired-Personnel

Employees who are initially determined to be eligible for UI benefits because they do not have "reasonable assurance" may be subject to denial of UI benefits if during the recess period the district offers them work to commence following the recess. Districts must immediately inform the UI Specialist who can then notify EDD of the date the offer was made.

E. NOTIFICATIONS REQUIRED BY THE EDUCATION CODE

Existing law requires school districts and community college districts to meet various notices and hearing requirements by designated dates when a certificated or

classified employee will not be retained for the following year. Sections 44951 and 44955 of the Education Code as they relate to certificated employees provide that:

- a. An employee must receive by March 15th a letter advising of a possible reduction in staff.
- b. Notice of termination of services must be given on or before May 15th.
- c. Under certain circumstances, the dates indicated above may be extended to August 15th. See Education Code Section 44955.5 for details.

F. PAYMENT OF REDUCED AWARDS BASED ON NON-SCHOOL EMPLOYMENT

The denial provisions of CUIC Section 1253.3 pertain only to the benefits based on school services. If a claimant has sufficient nonschool employment and earnings in the base period to qualify for benefits, then these benefits would be payable during the between terms denial period if the claimant was otherwise eligible.

CHAPTER V

UI PROCEDURES

A. UNEMPLOYMENT BENEFITS

UI benefits are available to former employees, to part-time employees, to employees who are unemployed temporarily (including intermittent employees) and to employees whose work during a given week has been reduced. Such employees may be entitled to reduced UI benefits provided they:

1. Are unemployed (or working part-time) through no fault of their own;
2. Are able to work;
3. Are available for work;
4. Are actively seeking employment;
5. Meet all requirements of the law; and
6. Meet the monetary tests.

B. PURPOSE

The purpose of this sample procedure is threefold:

1. To provide a model for UI administration;
2. To insure timely reporting to EDD, which will eliminate erroneous UI payments; and
3. To evaluate personnel practices and procedures in relation to hiring and terminating employees.

C. SAMPLE PROCEDURES MANUAL

Because no two employers function exactly alike, a need exists for each employer to develop its own procedures manual for processing and monitoring UI claims. The sample procedure manual that follows was written to aid all employers in developing their procedure manual.

Form DE 1101CZ

Form DE 1101CZ, "Employer Notice" (SEE APPENDIX B), will be the initial notification to the last employer of a claim filed by a claimant for UI benefits. EDD sends these forms to the single central address designated by the public entity. If the public entity did not elect a central address to receive the UI claim notice, EDD will send these forms to the address given by the claimant. The DE 1101CZ must be returned to the address on the DE 1101CZ within 10 days of the mailing date shown on the form if there is any information that raises a question of eligibility. The district should ensure that the DE 1101CZ is forwarded to the UI Specialist.

If the employer contends that the claimant voluntarily quit without good cause, was discharged for misconduct connected with his or her work or is otherwise ineligible for benefits, he or she should give brief factual details in support of such a contention. For example, a response to a DE 1101CZ should not merely state 'this person is not available for work'. This is a conclusion not supported by facts. The employer response should state 'we question this person's availability for work as he will not work Monday or Wednesday afternoon because he is attending school'. Potentially disqualifying information could include, but is not limited to:

1. Employee was discharged/dismissed (unexcused absences, tardiness, insubordination, theft, unsatisfactory work, negligence, etc.).
2. Employee willfully made a false statement or representation, or failed to disclose a material fact in order to obtain benefits (e.g., when employee filed claim stated laid off lack of work but school fired employee or employee quit, etc. The school should note such a discrepancy in its response).
3. Employee voluntarily resigned.
4. Employee is not able to work (e.g., unable to work due to illness or injury); (For UI purposes, 'able to work' means the claimant was physically and mentally able to work. Wanting to stay home to be with children raises an availability issues).
5. Employee is not seeking work; or
6. Employee is applying during a recess period and has reasonable assurance of returning to work at the end of the recess period.

7. Employee places restrictions on availability for work (e.g., will only work mornings because of child care problems, will only work certain days because attending school, will not work at certain locations etc.).

If response is not sent to EDD within the 10-day period, the employer will not receive a written notice of determination unless he or she can establish good cause for the untimely response.

It is important to respond timely to the DE 1101CZ for the following reasons:

1. All pertinent facts are needed by the EDD to make a correct determination of eligibility.
2. It is the only means by which an employer may exercise an element of control over his or her benefit liability.
3. It is the means by which the employer protects his or her appeal rights. If the employer does not respond to claim notices, he or she loses the right to appeal.

Form DE 1545R

A "Notice of Wages Used for Unemployment Insurance (UI) Claim Filed", DE 1545R (SEE APPENDIX B), accompanied by "Explanations and Instructions for Notice of Wages Used for Unemployment Insurance (UI) Claim (DE 1545RI) (SEE APPENDIX B), is mailed to base period employers when the EDD makes the first payment on the claim. The EDD mails this notice to the address on file with EDD for the account. The statutory time limit for responding to the DE 1545R is 15 days from the mailing date of the notice. The response must be postmarked by the date indicated on the DE 1545R. If the employer reports quarterly wages on magnetic tape, these forms should be placed in the claimants' files. However, if the employer reports quarterly wages manually, upon receiving the DE 1545R he or she should review it for accuracy and take action as follows (the employer should always review the DE 1545R for accuracy irrespective of whether he or she reports on magnetic tape or manually):

1. Verify both the employment of the claimant during the quarter or quarters shown, and the wages paid to the claimant by quarter. Notify the EDD of any errors or differences at once since benefits will be based on the wages reported on the DE 1545R and will be charged to the district.
2. Notify the EDD of any circumstances that would affect the claimant's eligibility such as a refusal of a work offer, unavailability, etc.; and

3. Advise the EDD if the employer wishes to rehire the claimant.

Response to the DE 1545R may be made on the form or by separate letter.
Response by separate letter must include:

1. Employer's name and address;
2. Claimant's name and social security number;
3. Effective date of claim;
4. Date of separation from employment.
5. If the employer wishes to do so, he or she may include a copy of the DE 1545R with the response.

D. ELIGIBILITY REQUIREMENTS

The CUIC establishes the eligibility requirements for receipt of UI benefits. If there is a question as to an individual's eligibility to receive benefits, a determination as to his or her eligibility must be made. The determination of eligibility is made by an EDD claims interviewer in accordance with the provisions of the CUIC, Title 22 of the California Code of Regulations, prior Precedent Benefit (PB) Decisions issued by the CUIAB, and upon prior appellate decisions issued by the courts.

1. Efforts to Seek Work - CUIC Section 1253(e) provides an individual is disqualified for benefits if he or she fails to seek suitable work as directed by the Department.
2. Voluntary Quit - CUIC Section 1256 provides that an individual is disqualified for benefits if he or she quits his or her most recent work without good cause.
3. Discharge - CUIC Section 1256 also provides that an individual is disqualified for benefits if it is determined that he or she was discharged for misconduct connected with his or her most recent work.

In PB 3, the CUIAB concluded that misconduct connected with work consists of four elements: (1) a material duty owed by the claimant to the employer under the contract of employment; (2) a substantial breach of the duty; (3) a breach which is willful or wanton disregard of that duty; and (4) evinces a disregard of the employer's interest, i.e., tends to injure

the employer. Mere inefficiency, unsatisfactory conduct or failure to perform because of inability, incapacity, inadvertence, ordinary negligence, or isolated instances of good faith errors in judgment or discretion, is not misconduct. In addition, the Board held that the employer has the burden of establishing misconduct. A thorough discussion of the principles of misconduct is provided in Title 22, California Code of Regulations.

4. False Statement - CUIC Section 1257(a) provides an individual is disqualified for benefits if he or she willfully makes a false statement or representation, with knowledge of the falsity thereof, or withholds material information in order to obtain benefits.
5. Refusal of Suitable Work - CUIC Section 1257(b) provides an individual is temporarily disqualified for benefits if he or she refused suitable work without good cause or fails to apply for suitable work when notified by the Department. Section 1258 of the CUIC defines "suitable employment".
6. Trade Disputes – CUIC Section 1262 provides an individual is not eligible to receive benefits if he or she left his or her work because of a trade dispute.

Notice by an employer of a trade dispute must be given to the trade dispute specialist at EDD in Sacramento, assigned to the local area in which the dispute occurs. Upon notification, EDD investigates the circumstances and determines whether or not there was a lockout or a leaving of work because of a trade dispute within the meaning of the CUIC.

7. Pension Offsets – CUIC Section 1255.3 provides that under certain circumstances pension payments are deductible from unemployment insurance benefits. A pension is not deductible if the employee contributed to the pension fund from which the pension is paid. If the claimant did not contribute to the pension fund, your responses to the local EDD office should include the fact that a claimant is receiving a pension.

E. DETERMINATION

A determination is made whenever an issue is raised regarding the claimant's eligibility. When the EDD makes a determination of eligibility and the employer submitted timely eligibility information, a "Notice of Determination", DE 1080CT (SEE APPENDIX B), will be issued. Any time there is an issue of eligibility, the EDD will make a determination as to

whether the individual is eligible to receive benefits. The employer, however, will only receive a Notice of Determination if the employer provided timely written eligibility information to the EDD.

Procedures used by employers requesting determinations are as follows:

1. The UI Specialist should send a request in writing to the EDD on the DE 1101CZ, DE 1545R or by separate letter.
2. A separate letter is necessary when the employer does not have a Notice of Determination to respond to but wishes to bring up an eligibility issue such as rehire. A letter request must include the claimant's name, social security number, and the employer's name and address.
3. If the employer has submitted information to EDD within the prescribed time limits, a DE 1080CT will be issued to advise the employer of EDD's determination.
4. A "Notice of Modification," DE 1080M, is issued when EDD subsequently modifies its original determination. This form will be sent to the employer who received the original DE 1080CT.
5. These records should be kept in the claimant's UI file.

F. BENEFIT AUDITS

A computerized cross match of benefits paid against the record of wages paid is conducted by EDD quarterly. If a claimant appears to have drawn UI benefits during a period when he or she was paid wages, employers are asked to verify the claimant's earnings for those particular weeks by a "Benefit Audit", DE 1296B (SEE APPENDIX B). The "Instructions for Benefit Audit", DE 1296E (SEE APPENDIX B), contains specific instructions for the completion of the DE 1296B. Follow-up investigations are made in cases showing earnings concurrent with receipt of benefits. This is one of the most effective ways of detecting improper benefit payments; the employer's response is required by law to make it fully effective. Improperly paid benefits are charged to the employer. Improperly drawn payments are, if recouped in cash, credited to the employer or credited against future billings. Each employer should utilize the following procedures when answering the audit form.

1. The name and social security number on the audit form should be checked against the file for accuracy.

2. The file should be checked to discover the weeks in which the employee earned money and also received UI benefits. Where earnings include any lump sum vacation pay, holiday pay or sick leave pay, the employer should indicate on the form the type of pay.
3. The fact that the employee received earnings during the period indicated on the DE 1296B should be noted on the form and returned to EDD.
4. If the weeks of UI benefits and wages earned do not coincide, the form should be returned to EDD with "none" written in the appropriate area.

G. MONITORING JOB OPPORTUNITIES

Two of the requirements that a claimant must meet in order to be eligible for benefits are:

1. Being able to work and available for work, and
2. Actively seeking work.

Frequently, vacancies that occur within the district are filled with new employees because the personnel office has not checked the files of former employees to ascertain whether any of them might have the necessary qualifications for the vacant position. Thus, these former employees can continue to collect UI benefits that are charged to the district.

Whenever vacancies occur, the personnel office should check former employee files to determine whether any of them have the required qualifications for the position. If so, the individuals should be requested to report for an interview. If the individuals refuse to come to an interview, the UI specialist should be promptly notified so that he or she can notify the EDD that the individuals have refused a job interview.

If the employee is scheduled to be laid off, the employee's supervisor should check with the personnel office prior to the exit interview to find out if there is a job opening for which the employee might qualify. If so, the supervisor should offer the job if empowered to do so or advise the employee of the opening and refer him or her to a job interview. If the employee declines to interview for the job or declines the job, the refusal should be noted on the Report of Job Separation along with information regarding the specific job refused and the date and time of the refusal. This form should be sent to the UI Specialist promptly so that he or she can inform the EDD of the job refused.

1. The individual responsible for monitoring UI claims within each personnel office should be notified of the position classification(s) when any new positions are to be filled. If any ex-employees who are receiving UI benefits seem to match the qualifications for the positions, they should be offered an interview. Refusals to attend interviews should be reported to the UI Specialist, who will notify EDD in writing.

Note: If the employer wishes to receive a written notice, DE 1080CT, of the action taken by the EDD, this information must be provided to EDD in writing within 10 days of the refusal or occurrence.

2. Prior to an exit interview for a laid off employee, the departing employee's supervisor should contact the personnel office and find out if there are any job openings. If an appropriate opening exists, an employment interview should be so noted on the Report of Job Separation with the date, time and specific job refused. This form should then be sent to the UI Specialist.

CHAPTER VI

APPEALS PROCEDURES

A. PURPOSE

The appeals procedure is established to allow either the claimant or the employer, whichever received an unfavorable determination, an opportunity to have the decision reviewed by an Administrative Law Judge (ALJ) in a UI appeals hearing.

B. FILING AN APPEAL

The filing of an appeal or petition must be timely. The appeal is filed by mail. The time limit for filing timely appeals to cases is 20 days from the date of the mailing of the determination (DE 1080CT). The postmark on the appeal envelope is considered to be the date filed, regardless of the date received.

1. Filing The Appeal

An appeal may be filed on an official "Appeal" form, DE 1000M (SEE APPENDIX B), or by letter. The Notice of Determination, DE 1080CT (SEE APPENDIX B), contains separate instructions to the claimant and the employer concerning the appeal. The instructions to the employer are as follows:

"If you believe this determination and/or ruling to be contrary to law or the facts, you may file an appeal by letter to the field office from which you received this notice, stating the grounds or reasons for the appeal. Be sure to include the Social Security Account Number of the claimant on any letter or document regarding this claim."

Use of the DE 1000M helps ensure that the appellant includes all of the required information. However, due to the lack of space on the form, it may be advisable to attach a letter to the form to more clearly and thoroughly explain the appeal. The forms can be obtained from the EDD Field Office, the nearest Appeals Office, or by downloading a copy on the internet at www.edd.ca.gov/employer.htm listed in Forms for Completion.

2. Appeal Content

- a) State specifically the reason you disagree with the determination issued by the field office that processed the claim.

- b) Cite specific sections of the CUIC that you believe should have been considered and why sections that were used were not properly applied. Cite the Precedent Benefit (PB) Decision(s), court case(s) or any other source that will prove your case.
- c) Identify specific CUIC sections that you believe should be covered in the hearing. If multiple CUIC sections are cited on the DE 1080CT, specify which section(s) you are appealing. Failure to do so may deprive you of the opportunity to present facts, which you believe to be relevant to the case, on the basis that the claimant-defendant was not given proper notice to enable him/her to prepare a proper defense. Remember that the CUIC sections that will be at issue in the ALJ hearing will be those identified on the Notice of Hearing you will receive following your appeal.
- d) Send the appeal to the field office where the claim is on file. The reason for this procedure is to notify the field office, and to alert them that the claim file must be transferred to an Appeals Office for ALJ review and hearing.

3. Notice Of Hearing

- a) The "Notice of Hearing," (SEE APPENDIX B), states the date, time and place of the scheduled hearing, and the name of the presiding ALJ.
- b) The CUIC section(s) on the issues under appeal are checked on the hearing notice.
- c) If a change in the hearing occurs, you will receive a "Notice of Change," DE 3215, informing you of the change.

Contact the Appeals Office immediately if you, as the appellant, find omissions of appropriate CUIC sections on the Notice of Hearing, and advise them of your concerns. This should be followed with a letter explaining your concerns, and a request that it be made a part of the official Appeals Office record. Failure of the Appeals Office to follow through on your request, along with your letter as part of the official file, establishes adequate grounds for an objection to the hearing procedures in the event that the omission affects your case adversely.

C. PREPARATION FOR THE ADMINISTRATIVE LAW JUDGE (ALJ) HEARING

Presenting a case before an ALJ may be viewed as an “art.” To develop this “art,” one must start with a basic foundation and build upon it.

The two most basic steps in building the foundation are to develop the case from documentation in the employer’s files and to talk with and prepare witnesses so that all of the facts are brought out in an organized and concise manner.

Review the record that has been sent to the Appeals Office by the field office prior to the hearing. The entire file becomes a public record once the appeal has been filed, and the record is sent to the Appeals Office by the field office prior to the hearing. Interested parties may review this record at any time. This allows the employer to see what the claimant has told the field office, and allows for a much better insight into the arguments to be used by the claimant at the hearing. Copies of all or part of the record may be obtained at the Appeals Office for the employer’s use prior to the hearing. Once this information is obtained, an organized systematic approach should be taken in developing the case presentation.

The following is a suggested outline:

1. Examine the claimant’s total employment record. All pertinent records relating to the issues under appeal should be compiled. If, for example, the claimant was discharged, gather all information that documents the reasons that led to the discharge. If the matter under appeal is whether the individual has “reasonable assurance,” gather all information which supports this. Copies of documentation from the file may be used and should be submitted as evidence.
2. If necessary, interview the claimant’s previous co-workers and supervisor(s) to get information regarding the claimant and the facts surrounding and leading up to the termination. Advise these people that they might have to appear as witnesses.
3. Research The Law

Check the resource materials available, such as the PB decisions. If these are not readily available, try to secure a copy of one of the other applicable resources listed previously in Chapter 1, Section D.

4. Compare the facts gained by a review of the record in the Appeals Office with those found in the employer's file, and that gained from co-workers and the supervisor, to arrive at the basic issues which should be argued in the hearing.

NOTE: It is important to recognize here that the appellant may request to withdraw the appeal if it is found, following a review of the record in the Appeals Office, that the appeal has no merit.

5. A Subpoena or a Subpoena Duces Tecum may be issued by the ALJ if good cause can be shown for the request, which includes a showing of relevance to the case. A request form may be completed in the Appeals Office to accomplish the formal request. In the event that a party does not want to issue a formal Subpoena, a Notice to Attend (an informal Subpoena) will be mailed by the Appeals Office to any required or necessary witness where the need for that person's testimony is substantiated.

6. Prepare a Hearing Outline

- a) Outline the issues and facts that are needed to prove a case.
- b) Determine which pieces of documentation and which witnesses will be required to cover each issue.
- c) Establish an organized logical sequence of presentation of documents and testimony.
- d) Design the presentation in such a way that the combination of documentation, plus an oral testimony, prove a point of law, which in turn can be related to the ALJ in the light of PB decisions, which he or she is required to reflect upon for guidance in making a decision.

7. Select the Witnesses

Witnesses, who have a reasonable understanding of the hearing room setup and a general idea of how the hearing will be conducted, can direct their attention to the facts of the case. In selecting witnesses, the best witness is the person **who at first hand observed the event**, not someone else who received a report of the event. The testimony of the person who did not observe what happened is considered hearsay and has much less weight than that of an eyewitness.

They should be aware of what issues are being brought before the ALJ. Along with this, there should be a basic understanding of how the value of each person's testimony fits into the total presentation of facts. The facts, which each witness has presented in the initial investigation, should be reviewed before the hearing to insure that all pertinent information is included in his or her testimony.

D. CONDUCT OF THE HEARING

1. The ALJ maintains control of the hearing and determines when it will start and finish; the issues to be discussed; and the interpretation of the CUIC and PB decisions that might apply.
2. All persons presenting evidence or testimony will be required to be "sworn in" because all testimony is given under oath.
3. The person appealing the case (appellant) will generally be required to proceed and present documentation and testimony that will support the appeal and rebut the Determination and/ or Ruling issued by the EDD Field Office.
4. The ALJ, the appellant or the appellant's representative may question witnesses. The respondent is offered this same opportunity for questioning.

Cross-examination is allowed between the parties but is controlled by the ALJ.

5. A summary of facts, including related CUIC sections and PB decisions may be allowed at the conclusion of testimony. Parties may also, at their request, be given the opportunity to submit written arguments.

E. NOTICE OF DECISION

Within a few weeks from the date of the hearing, the ALJ will render a decision. This decision may be appealed to the CUIAB within 20 days of the mailing date of the ALJ's decision.

F. APPEAL TO THE CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD (CUIAB)

The general rules regarding an appeal to the CUIAB in Sacramento are:

1. It must be timely. To be timely, it must be filed within 20 days of the mailing date of the ALJ's decision.

2. Requests may be made to present oral or written argument to or before the CUIAB.
3. Arguments must be confined to the facts or arguments presented in the hearing that the ALJ used as a basis for the decision rendered and the application of the CUIC and PB decisions.
4. No new facts or evidence may be presented to the CUIAB except by special request, and there is a showing that failure to present certain facts at the hearing was caused by conditions or acts above and beyond the control of the appellant or respondent.
5. A request for oral argument before the CUIAB is seldom granted. The exceptions are usually prompted by an exceptional case in which the CUIAB finds it advantageous to allow oral arguments in which direct questions may be posed by the CUIAB.
6. Written argument (a brief) is frequently granted, but is confined only to the facts presented at the hearing. A brief must be well structured to present the employer's argument in a systematic and forceful way. It is the most legalistic presentation that a claims specialist is faced with in the claims process. However, if a few basic steps are followed, the presentation will have the same forcefulness as that written by a person with extensive legal training. Written arguments should be structured to show, for example, how the ALJ erred in applying the law or that the PB decisions cited by the ALJ were not applicable to the case at hand.
7. A decision rendered by the CUIAB may not be further appealed, but may be challenged in a judicial review.

CHAPTER VII

EMPLOYER REPORTS AND TAX PAYMENTS

A. COVERAGE

The term "school employer" is defined in the CUIC Section 821.4 as follows:

The governing board of any school district or community college district; any county board of education; any county superintendent of schools; or any personnel commission of a school district or community college district which has a merit system pursuant to any provision of the California Education Code or any instrumentality of one or more of the foregoing, which employs one or more employees.

School employers, as defined above, must provide UI coverage for their employees and may elect State Disability Insurance (SDI) coverage as described in the CUIC Section 710.4.

B. REGISTRATION

Employers are required to register within 15 days after becoming subject to the CUIC Section 1086. Separate registration forms must be completed for California Personal Income Tax (PIT), UI and elected SDI coverage. For registration information and the necessary forms, contact the SEF by telephone or write to:

School Employees Fund
800 Capitol Mall, MIC 13
Sacramento, CA 95814
(916) 653-5380

C. ADDRESS

A school employer may specify a single address as defined in the CUIC Section 806(a). This address on record with EDD provides for all correspondence to be mailed to one centralized address allowing for better control of time sensitive documents. Under this code section, school employers have the opportunity to designate the mailing address of the party doing their UI claims management, such as the county office of education, a third party administrator, or a district official. To request a centralized mailing address contact the SEF at (916) 653-5380.

D. REPORTING WAGES AND PAYMENT OF UI TAXES

School districts who elect the SEF to finance their UI costs are required to report quarterly the UI covered wages of employees by paying taxes on those wages to EDD. School districts may elect to finance their UI costs by:

- participating in the SEF, a pooled reimbursement method
- electing to reimburse the UI fund for all benefits paid to their former employees
- choosing to participate in the experience rated method by reporting wages quarterly, payroll tax deposits, reconcile annually.

NOTE: The "Quarterly Contribution Return for School Employers," DE 9423 (SEE APPENDIX B), is used by SEF participants for reporting and paying their quarterly contributions due the EDD.

WHEN FURNISHED: The DE 9423 is mailed to employers in March, June, September, and December each year. This form can also be obtained from the nearest Employment Tax Customer Service Office or downloaded from EDD's Internet address: www.edd.ca.gov.

WHEN DUE: The DE 9423 is due on April 1, July 1, October 1, and January 1 and delinquent if not received by the last day of the month following the close of each calendar quarter (April 30, July 31, October 31, and January 31). This **report MUST be** submitted EVEN IF NO WAGES were paid during the calendar quarter.

Use of Magnetic Tape

School employers should consider the use of magnetic media for reporting the wages of their school districts' employees. Employers with 250 or more California employees are required to file on magnetic media since the current Federal threshold is 250 employees on a return. Magnetic media reporting significantly reduces the processing costs and time needed to record wage and tax information. Magnetic media virtually eliminates the possibility of errors resulting from manual processing. Your data processing department can obtain instructions for magnetic media reporting by contacting:

Employment Development Department
Magnetic Media Coordinator, MIC 15
PO Box 826880
Sacramento, CA 94280-0001
(916) 654-6845

Non-Computerized Wage Reporting

A "Quarterly Wage and Withholding Report," DE 6 (SEE APPENDIX B), must be completed and reported to the EDD by school employers who do not utilize computers in producing payrolls. This form requires the employee's social security number, name, and amount of subject wages paid in a calendar quarter.

NOTE: Regardless of whether the school employer reports UI wages through magnetic media or DE 6, the payment of the UI contribution must be submitted with the DE 9423 each quarter to EDD.

How to Complete Form DE 6 -- UI Wages

To complete the DE 6, enter your employer account number (942-XXXX), business name and address exactly as shown on the "Quarterly Contribution Return for School Employers," DE 9423. Enter the last date of the quarter in the space provided (this information is required on all pages submitted). Pages should be numbered consecutively to ensure that all data is received and processed. If continuous forms are used, employers must separate ("burst") the pages before submission.

1. Social Security Account (SSA) Number - SSA Numbers must always contain nine digits. Acceptable methods of reporting the digits are:

123 45 6789

123-45-6789

123456789

Do not separate the digits with slashes or any other special symbol (e.g., 123/45/6789) since computer language symbols have different meanings.

2. Employee Name - Please enter the first name, middle initial (if any), then the full last name, separating each by a blank space (example: Jane J Doe). Do not separate leading letters from the rest of the last name (example "O" in Oconnell or "Mc" in McDonald). Reporting the first name first is the preferred format. However, if you report the last name first, you must place a "comma" after the last name, followed by a space, first name, space, then middle initial (example: Doe, Jane J). In addition, enter the names in alphabetical order by last name.
3. Total Subject Wages - Enter the total subject wages paid (including cents) to each employee during the quarter (example: enter \$10,000.00 as 10000 00 with no dollar signs, commas, or decimal points). Do not line through the cents or leave it blank. Items considered wages for UI purposes include, but are not limited to: overtime, retroactive pay, out-of-class pay, lottery payment, mentor teacher pay, stipends, holiday pay,

health and welfare coverage, differential pay, back pay, and bonus pay. Items **not** considered wages for UI purposes include, but are not limited to: workers' compensation payments, car allowance, housing allowance, uniform allowance, jury duty pay, mileage reimbursement and payment to students working where regularly enrolled, attending class. It is important that credit amounts (prior quarter adjustments: i.e., canceled warrants) shown for employees on the wage report be removed and the wages added back to the total wages reported for the current quarter. A "Quarterly Return Adjustment Form for School Employers," DE 938SEF (SEE APPENDIX B), should be prepared for reporting prior quarter adjustments to employee wages.

4. PIT Wages / PIT Withheld - Leave these fields blank when completing a DE 6 for UI subject wages.
5. Page totals - Each page of the DE 6 should have totals for subject wages only on the line indicated and include only the wages listed on that page.
6. Grand total - The first DE 6 page should contain the total number of pages and total wages reported. The Grand Total Subject Wages should agree with Line "B" of the DE 9423.

Please Avoid

- ✓ Using forms from a prior quarter for current quarter reporting.
 - ✓ Using inapplicable forms (e.g., 941-A from IRS).
 - ✓ Using obsolete forms (e.g., DE 3B, earlier versions of the DE 6).
 - ✓ Using other than the original forms supplied by EDD.
 - ✓ Using special symbols [e.g., dollar signs (\$), pound signs (#)].
7. Third Party Sick Pay - Districts, which provide employer-paid income protection, must report as wages all sick pay benefits collected by their employees and pay the current UI contribution rate on these wages in addition to other wages. The reportable sick leave benefit is the same percentage as the employer contribution to the premium. For example, if the employer pays 40% of premium for income protection (third party sick pay), the employee only has to report as wages 40% of the benefit paid.

Note: Submit a separate DE 6 listing individuals receiving third party sick pay during the quarter as total subject wages. Note "third party sick pay" on the form. Provide a separate grand total which when

added to the Grand Total Subject Wages on the first DE 6 page should agree with Line "B" of the DE 9423.

➤ Final Returns

Employers terminating operations are required to file and pay final returns within ten days of such termination (CUIC Section 1116). If the entity ceases to have employees in covered employment and does not intend to have any in the foreseeable future, the account may be closed upon receipt of such information by EDD.

How to Complete Form DE 6 -- SDI Wages

To complete the DE 6, enter your employer account number (776-XXXX), business name and address. Enter the last date of the quarter in the space provided (this information is required on all pages submitted). Pages should be numbered consecutively to ensure that all data is received and processed. If continuous forms are used, employers must separate ("burst") the pages before submission.

1. Social Security Account (SSA) Number - SSA Numbers must always contain nine digits. Acceptable methods of reporting the digits are:

123 45 6789

123-45-6789

123456789

Do not separate the digits with slashes or any other special symbol (e.g., 123/45/6789) since computer language symbols have different meanings.

2. Employee Name - Please enter the first name, middle initial (if any), then the full last name, separating each by a blank space (example: Jane J Doe). Do not separate leading letters from the rest of the last name (example "O" in Oconnell or "Mc" in McDonald). Reporting the first name first is the preferred format. However, if you report the last name first, you must place a "comma" after the last name, followed by a space, first name, space, then middle initial (example: Doe, Jane J). In addition, enter the names in alphabetical order by last name.
3. Total Subject Wages - Enter the total subject wages paid (including cents) to each employee during the quarter (example: enter \$10,000.00 as 10000 00 with no dollar signs, commas, or decimal points). Do not line through the cents or leave it blank. A "Tax and Wage Adjustment Form," DE 678, should be prepared for reporting prior quarter adjustments to employee wages.

4. PIT Wages / PIT Withheld - Leave these fields blank when completing a DE 6 for SDI subject wages.
5. Page totals - Each page of the DE 6 should have totals for subject wages only on the line indicated and include only the wages listed on that page.
6. Grand total - The first DE 6 page should contain the total number of pages and total wages reported. The Grand Total Subject Wages should total SDI subject wages paid for the quarter.

Please Avoid

- ✓ Using forms from a prior quarter for current quarter reporting.
- ✓ Using inapplicable forms (e.g., 941-A from IRS).
- ✓ Using obsolete forms (e.g., DE 3B, earlier versions of the DE 6).
- ✓ Using other than the original forms supplied by EDD.
- ✓ Using special symbols [e.g., dollar signs (\$), pound signs (#)].

➤ Final Returns

Employers terminating operations are required to file and pay final returns within ten days of such termination (CUIC Section 1116). If the entity ceases to have employees in covered employment and does not intend to have any in the foreseeable future, the account may be closed upon receipt of such information by EDD.

How to Complete Form DE 6 -- PIT Wages

To complete the DE 6, enter your employer account number (800-XXXX), business name and address. Enter the last date of the quarter in the space provided (this information is required on all pages submitted). Pages should be numbered consecutively to ensure that all data is received and processed. If continuous forms are used, employers must separate ("burst") the pages before submission.

1. Social Security Account (SSA) Number - SSA Numbers must always contain nine digits. Acceptable methods of reporting the digits are:

123 45 6789

123-45-6789

123456789

Do not separate the digits with slashes or any other special symbol (e.g., 123/45/6789) since computer language symbols have different meanings.

2. Employee Name - Please enter the first name, middle initial (if any), then the full last name, separating each by a blank space (example: Jane J Doe). Do not separate leading letters from the rest of the last name (example "O" in Oconnell or "Mc" in McDonald). Reporting the first name first is the preferred format. However, if you report the last name first, you must place a "comma" after the last name, followed by a space, first name, space, then middle initial (example: Doe, Jane J). In addition, enter the names in alphabetical order by last name.
3. Total Subject Wages - Enter the total subject wages paid (including cents) to each employee during the quarter (example: enter \$10,000.00 as 10000 00 with no dollar signs, commas, or decimal points). Do not line through the cents or leave it blank. A "Tax and Wage Adjustment Form," DE 678, should be prepared for reporting prior quarter adjustments to employee wages and PIT withheld.
4. PIT Wages/PIT Withheld - Complete these fields when completing a DE 6 for PIT subject wages.
5. Page totals - Each page of the DE 6 should have totals for PIT wages and PIT withheld on the line indicated and includes only the amounts listed on that page.
6. Grand total - The first DE 6 page should contain the total number of pages, the Grand Total PIT wages, and the Grand Total PIT withheld.

Please Avoid

- ✓Using forms from a prior quarter for current quarter reporting.
- ✓Using inapplicable forms (e.g., 941-A from IRS).
- ✓Using obsolete forms (e.g., DE 3B, earlier versions of the DE 6).
- ✓Using other than the original forms supplied by EDD.
- ✓Using special symbols [e.g., dollar signs (\$), pound signs (#)].

➤ Final Returns

Employers terminating operations are required to file and pay final returns within ten days of such termination (CUIC Section 1116). If the entity

ceases to have employees in covered employment and does not intend to have any in the foreseeable future, the account may be closed upon receipt of such information by EDD.

E. STATEMENT OF BENEFIT CHARGES

Each quarter school districts are mailed a "Statement of Benefit Charges," DE 428F (SEE APPENDIX B), detailing the amounts charged to their account for UI benefits. These statements should be checked to ensure each person was qualified to draw from the school. If any discrepancies appear, request credit by writing to:

Employment Development Department
Reimbursable Accounting Group, MIC 19
PO Box 826880
Sacramento, CA 94280-0001
(916) 653-5846

F. EMPLOYER ACCOUNT STATEMENT

The "Employer Account Statement," DE 2176 (SEE APPENDIX B), is sent by the EDD and shows any unpaid liabilities due to EDD. This includes unpaid quarterly taxes, penalty and interest on untimely payments, penalty for unreported wage items, and the Local Experience Charges (LEC). It also includes demands for forms not submitted timely by the school districts, such as the DE 9423 and the DE 6 (or magnetic tape).

The LEC is based on the benefits charged to each district in a calendar quarter. Each district has an individual LEC rate that is calculated annually and ranges from 0-15%. The LEC amount is due and payable within 30 days of the mailing date of the DE 2176. If additional time is required to make payment, please contact the SEF and request an extension.

G. EMPLOYEES NOT COVERED BY UI

The following employees, both certificated and classified, are not covered. Do not report the wages of these employees. For these employees, districts should assign the codes "not covered," so they will not be included on wage reports. **Only** covered employees should be reported:

1. A student regularly attending classes and employed by the same district where they are enrolled (CUIC Section 642).
2. Non-tenured policy-making or advisory positions, such as members of Boards of Trustees unless the district has elected to cover these individuals (CUIC Section 634.5).

3. Students in approved work-experience programs CUIC Section 646 (e).

H. DETERMINATION OF EMPLOYER-EMPLOYEE RELATIONSHIP

California law defines two types of employees, statutory and common law. A statutory employee defined in CUIC Section 621 (a) is an officer of a corporation, and in CUIC Section 621 (c) is certain agent drivers, city salesmen or home-workers.

The most difficult definition is in CUIC Section 621 (b), which states as follows:

“Any individual who, under the usual common law rules applicable in determining the employer-employee relationship, has the status of an employee.”

In determining under the common law whether someone performs services for the district as an employee or as an independent contractor, the most important factor is right to control the manner, mode, method and means of accomplishing the work. If the employer has the authority to exercise complete control, whether or not that right is exercised with respect to all details, an employer-employee relationship exists. The control test, called the “principal test,” involves existence of a right to control, as distinguished from exercise of control. Strong evidence in support of an employment relationship is the right to discharge at will, without cause.

Secondary factors present in the relationship may include those enumerated in the Restatement of the Law of Agency 2d Section 220, as stated in Tieberg v. Unemployment Insurance Appeals Board (1970), 2 Cal. 3d 943 as follows:

1. Whether or not the one performing service is engaged in a distinct occupation or business;
2. The kind of occupation, with reference to whether, in the locality, the work is usually done under the direction of the principal or by a specialist without supervision;
3. The skill required in the particular occupation;
4. The length of time for which the services are to be performed;
5. Whether the principal or the workman supplies the instrumentalities, tools and the place of work for the person doing the work;
6. The method of payment, whether by the time or by the job;

7. Whether or not the work is a part of the regular business of the principal;
8. Whether or not the parties believe they are creating a relationship of employer-employee;
9. The extent of control; and
10. Whether the principal is or is not in business.

A worker's status is determined from the integrated picture of the entire working relationship or a significant grouping of the above factors, rather than a count of the elements set forth. A written agreement that merely states that the person hired is not an employee is not, itself, proof of the relationship, but is only evidence of intent to be considered along with other significant factors.

Inquiries regarding these guidelines or determinations made by the Department may be referred to the nearest Employment Tax Customer Service Office at 1-888-745-3886 or to the SEF at (916) 653-5380.

I. REPORTING REQUIREMENTS (Independent Contractor)

California State Senate Bill 542 was passed during the 1999-2000 legislative session and signed into law and effective January 1, 2001. This law requires businesses and government entities to report specified information to the EDD on independent contractors.

1. Who Must Report

Any business or government entity (defined as a "service-recipient") that is required to file a federal Form 1099-MISC for services performed by an independent contractor (defined as a "service-provider") must complete a report. A service-recipient means any individual, person, corporation, association, or partnership, or agent thereof, doing business in this State, deriving trade or business income from sources within this State, or in any manner in the course of trade or business subject to the laws of this State.

An independent contractor is defined as an individual who is not an employee of the business or government entity for California purposes and who receives compensation or executes a contract for services performed for that business or government entity either in or outside of California.

2. Benefits of the Program

The information you provide to EDD will increase child support collection by helping to locate parents who are delinquent in their child support obligations.

3. When Must the Information Be Reported

You must report to EDD within twenty (20) days of EITHER making payments totaling \$600 or more OR entering into a contract for \$600 or more with an independent contractor in any calendar year, whichever is earlier.

4. You are required to provide the following information that applies.

Business or government entity's (service-recipient):

- Federal employer identification number
- California employer account number
- Social security number
- Business name, address, and telephone number

Independent contractor's (service-provider):

- First name, middle initial, and last name
- Social security number
- Address
- Start date of contract (if no contract, date payments equal \$600 or more)
- Amount of contract, including cents (if applicable)
- Contract expiration date (if applicable)
- Ongoing contract (if applicable)

5. General Form Information

Report independent contractor information on the *Report of Independent Contractors* form (DE 542). To obtain forms and/or information, call our

hotline number (916) 657-0529. You may also call our toll-free number 1-888-745-3886, visit your local Employment Tax Office listed in your local telephone directory in the State Government section under "Employment Development Department," or access our Internet site at www.edd.ca.gov. For magnetic media filing, please call (916) 651-6945.

6. Where to Send Reports

Employment Development Department
PO Box 997350 MIC 99
Sacramento CA 95899-7350
Fax: (916) 255-3211

For assistance, call our toll-free number 1-888-745-3886 or visit your local EDD Employment Tax Customer Service Office.

J. REPORTING REQUIREMENTS (New Employees Reporting)

Children of child support debtors often become dependent on public assistance (welfare) because a parent does not provide financial support as obligated. Under the New Employee Registry program:

- Employers report their newly hired employees to the Registry. California matches New Employee Registry reports against child support records to help locate parents in order to establish wage withholding orders or enforce existing orders.
- The information is also sent to the National Directory of New Hires to locate delinquent debtors in other states. Nearly 30 percent of child support cases involve parents who do not live in the same state as their children.

1. Reporting Requirements

All California employers must report all their new or rehired employees who work in California to the New Employee Registry no later than twenty (20) days after their start-of-work date. The start-of-work date is the first day services were performed for wages.

2. Who Must Be Reported

NEWLY-HIRED EMPLOYEES are those individuals who have not previously been included on your payroll.

REHIRED EMPLOYEES are those individuals who were previously included on your payroll; left your employment due to furlough, termination, separation, layoff, or unpaid leave of absence; and are now returning to your employment.

An individual is considered a new hire or rehire on the first day they perform service for wages (the first day of work).

3. When To Report

Information on newly-hired or rehired employees must be reported within 20 days of their start-of-work date.

Employers who choose to report via electronic or magnetic media must submit two transmissions each month that are not less than 12 or more than 16 days apart.

4. Required Information

The following information must be report to EDD:

Employer Information

- Name or business name, and address
- EDD employer account number
- Federal employer identification number

Employee Information

- First name, middle initial, and last name
- Social Security Number,
- Home address
- Start-of-work date

5. Reporting Methods

Employers may elect any of the following methods to report information to EDD:

- File a Report of Employee(s) (DE34)
- Submit on magnetic media

6. Reporting by Magnetic Media

Employers hiring 25 or more employees are encouraged to report this information via magnetic media. If you report by magnetic media, you do not need to send a *Report of Employee(s)* (DE 34). For details please contact the Magnetic Media Unit at (916) 651-6945.

7. Where to Send Reports

Employment Development Department
P.O. Box 997016, MIC 23
West Sacramento, CA 95799-7016
Telephone Number: (916) 657-0529
Fax: (916) 255-9051

APPENDIX A

GLOSSARY

A. PURPOSE

The UI Code contains certain words and phrases that must be understood by persons assigned to work in the program. This Glossary includes an index and definitions of those most frequently used.

B. DEFINITION INDEX

- | | |
|-----------------------------------|-------------------------------------|
| 1. Account Number | 19. Classified Employee |
| 2. Additional Claim | 20. Combined Wage Claim (CWC) |
| 3. Administrative Law Judge (ALJ) | 21. Covered Employment |
| 4. Appeal | 22. DE |
| 5. Appeals Board | 23. Determination |
| 6. Base Period | 24. Disqualification |
| 7. Base Period Employer | 25. Employee |
| 8. Benefit Cost Ratio | 26. Employer Notices |
| 9. Benefit Year | 27. Extended Duration Benefits |
| 10. Calendar Benefits | 28. Extended Duration Period |
| 11. Calendar Quarter | 29. Financing Method |
| 12. Calendar Week | 30. First Notice of Claim |
| 13. Central Office (CO) | 31. Good Cause |
| 14. Certificated Employee | 32. Independent Contractor |
| 15. Certification Period | 33. In-Lieu-Of-Notice-Pay |
| 16. Charges | 34. Institution of higher Education |
| 17. Claim | 35. Lag Period |
| 18. Claimant | 36. Lag Period Wages |

B. DEFINITION INDEX (cont.)

37. Local Experience Charge	51. School Employee
38. Misconduct (MC)	52. School Employees Fund (SEF)
39. Most Recent Employer	53. School Recess Period
40. New Claim	54. SSA Number
41. Partially Unemployed Individual	55. State Mandated Cost Individual
42. Pre-Retirement Employment	56. Subject Employer
43. Quarterly Wage and Withholding Report	57. Subsequent Benefit Year
44. Quasi Recomp	58. Successor
45. Reasonable Assurance	59. Suitable Employment
46. Reduced Award	60. Third Party Sick Pay
47. Registration	61. Total Wages
48. Reopened Claim	62. Unemployed
49. Ruling	63. Wage Detail
50. Severance Pay (WBA)	64. Waiting Period (WP)
	65. Weekly Benefit Amount

C. DEFINITIONS

1. Account Number - A number assigned to each subject registered employer by the EDD, which is used throughout the claims process and in the financial accounting in Sacramento.
2. Additional Claim - An application filed when a claimant has a break in the claim series because he or she has performed services in employment since the last claim.
3. Administrative Law Judge (ALJ) - Civil service employee of the State of California appointed by the California UI Appeals Board to impartially judge UI benefit appeals, SDI benefit appeals and other matters arising under the CUIC.

4. Appeal - A petition or request asking to allow that a determination by the EDD Field Office be reviewed in a formal hearing before an ALJ.
5. Appeals Board (California UI Appeals Board) - A seven-member board appointed for staggered terms of four years. The Board has a Chairperson, Secretary, Chief ALJ, a staff of ALJ, hearing reporters and clerical support.
6. Base Period - A 12-month period established by considering the first four of the last five completed calendar quarters prior to the date of claim, depending upon the month in which a claim is effective.

The chart below describes how the base period is determined:

<u>If the Claim Starts In:</u>	<u>The Base Period is the 12 Months Which Ended on the Previous:</u>
January, February, or March	September 30
April, May, or June	December 31
July, August, or September	March 31
October, November, or December	June 30

7. Base Period Employer - Any subject employer(s) who paid wages to a claimant during the 12-month period mentioned above in the base period.
8. Benefit Cost Ratio - The number of times the reserve balance exceeds the benefit charges for the prior fiscal year, which also indicates the Local Experience Charge rate for the upcoming fiscal year.
9. Benefit Year - The 52-week period following the filing of a valid claim for unemployment insurance. The effective starting date will always be the Sunday prior to the claim filing date.
10. Benefits - The compensation payable to an individual, with respect to his or her unemployment, under the unemployment compensation law of any state or the federal government.
11. Calendar Quarter - The four three-month periods between January 1 and December 31 of each year.
12. Calendar Week - The period of seven consecutive days commencing at 12:01 a.m. on Sunday and ending at 12:00 midnight on Saturday.

13. Central Office - The headquarters of the EDD, 800 Capitol Mall, Sacramento, MIC 13, CA 95814.
14. Certificated Employee - Includes not only persons engaged in teaching students in formal classrooms and seminar situations, but also individuals who teach in less formal arrangements, such as tutorial relationships, home instructions, and direction of students in independent research and learning, and individuals in other positions requiring a credential.
15. Certification Period - Any consecutive seven days of total or partial unemployment for which a claimant certifies, either for waiting period credits or for benefit payments. For regular claims the certification period is the calendar week.
16. Charges - Benefit payments allocated to individual employer accounts. Reimbursable employers receive quarterly Benefit Charge Statements (DE 428T or DE 428F) with a list of charges to the account, itemized by claimant name and social security number.

NOTE: SEF Participants receive an Employer Account Statement (DE 2176) for Local Experience Charge, while other reimbursable employers are billed directly for benefits.

17. Claim - An application for UI Benefits. The first claim filed is called a new claim. Other claims filed in the benefit year are called additional, continued or reopened claims.
18. Claimant - Any wage earner that files a claim for UI or SDI benefits.
19. Classified Employee - One who performs services for an educational institution in other than an instructional or certificated capacity in a position not requiring a credential.
20. Combined Wage Claim - A claim that combines covered earnings from more than one State to determine the total benefits payable.
21. Covered Employment - All employment except that which is specifically excluded from UI coverage under the CUIC.
22. DE - Symbol preceding each Department form number (such as DE 1545). Reference to the form number in correspondence can be helpful.
23. Determination - A formal written decision to pay or deny UI benefits, which is made by the EDD Field Office whenever an issue arises as to a claimant's eligibility for benefits.

24. Disqualification - Suspension of a claimant's benefits for a definite or indefinite period because he or she did not meet certain eligibility requirements.
25. Employee - A wage earner in employment covered by the Unemployment Insurance Code.

NOTE: The definition of independent contractor should be referred to if there is a question as to whether the claimant is an "Independent Contractor" or an "Employee."

26. Employer Notices - Forms mailed by EDD field offices to employers to notify them of matters affecting their interest. This includes, but is not limited to, Notice of New Claim Filed, Notice of Determination and/or Ruling, Notice of Invalid Claim, etc.
27. Extended Duration Benefits - Benefits paid to a claimant during an extended duration period in an amount equal to the claimant's regular weekly benefit amount.
28. Extended Duration Period - When insured unemployment equals or exceeds a certain percentage of the work force, a percentage established by either state or federal law, the benefit period is extended beyond the initial 26-week period. This is done in 13-week increments to 39 weeks, and has been as high as 65 weeks.
29. Financing Method - The three main options a government entity may elect to pay the EDD for their unemployment insurance coverage. These methods are:
- Contribution (tax) method
 - Direct reimbursement
 - School Employees Fund (pooled funding by participation in the SEF)
30. First Notice of Claim - The form used to file the first claim is identified as the DE 1101CZ. The DE 1101CZ is the first notice to the employer that a claim has been filed, and on which the employer may file a protest within ten days giving all of the particulars identified in the employer's records.
31. Good Cause "Good Cause" exists for the voluntary leaving of work when the facts disclose a real, substantial, and compelling reason of such nature as would cause a reasonable person genuinely desirous of retaining employment to take similar action.
32. Independent Contractor - See Chapter VII, Section I for a review of this.

33. In-Lieu-Of-Notice Pay - Payment of wages for a specific period of time, usually given when the employee's presence is not requested or desired during the last weeks of employment. This is considered wages for a specific period of time and, as a result, will delay the payment of benefits.

NOTE: The employer must have an established policy, either written or oral, that provides for advance notice of termination or for pay in lieu of advance notice for the Department to hold that a payment constitutes in-lieu-of-notice pay.

34. Institution of Higher Education - Community colleges are considered institutions of higher education as they meet the definition of an institution of higher education under Part 40, Chapter 1, Section 66010 of the California Education Code.
35. Lag Period - The period after the end of the base period of a previous valid claim up to the beginning (effective) date of a new claim.
36. Lag Period Wages - Wages paid to an individual during the lag period. These earnings are not used in computing the award.
37. Local Experience Charge - An assessment levied against school districts based on a maximum of 15 percent of the benefits paid out on their behalf. The bill is issued quarterly and payable within 30 days.
38. Misconduct - Conduct that deliberately disregards the employer's interest, and is willful or wanton, showing wrongful intent or evil design.
39. Most Recent Employer - The last employer for whom a claimant worked immediately preceding the filing of a claim.
40. New Claim - The first claim filed at the beginning of a newly established benefit year.
41. Partially Unemployed Individual - A person who earns less wages than he or she would receive as a weekly benefit amount while employed by his or her regular employer, and who worked less than the normal and customary full-time hours for such regular employer because of a lack of full-time work.
42. Pre-Retirement Employment Program - School districts have the option of instituting a Pre-Retirement Employment Program if they wish to do so. The program can vary slightly with each school district. An employee participating in the program would be subject to the between-terms and

within-term eligibility provisions of Section 1253.3 (b), (c), and (d) of the CUIC during the period when the employee is not actually performing services.

NOTE: This is subject employment, and the remuneration paid to an employee participating in the program is wages within the meaning of Sections 1252 and 1279 of the CUIC. It should be allocated to the weeks in which the employee actually works.

43. Quarterly Wage and Withholding Report - At the end of each calendar quarter, subject employers are required to complete reporting forms detailing the number of employees who worked during the period, the total wages paid and the taxes due.
44. Quasi Recomp - A benefit computation that does not include wages paid by school employers.
45. Reasonable Assurance - As used in conjunction with continuing school employment means, generally, a written, verbal or implied agreement that the employee will perform services in a similar capacity during the ensuing academic year or term as were performed in the academic year or term preceding the school recess period. See Chapter IV, Section B for the current EDD interpretation of reasonable assurance.
46. Reduced Award - A recomputation of a benefit award less the school wages.
47. Registration - Employers are required to register with EDD within 15 days after becoming subject to the CUIC.
48. Reopened Claim - An application filed following a period of one or more weeks for which the claimant failed to file a continued claim or partial claim and during which the claimant did not perform services in employment.
49. Ruling - For tax-rate employers, it is a decision made by the EDD in which an employer's reserve account will or will not be charged for benefits awarded to a claimant. The determining factor would be whether the claimant quits with good cause or was discharged for misconduct in connection with the work.
50. Severance Pay - A payment that is given to an employee at the termination of employment at the employer's option and is not considered wages received for purposes of establishing a valid claim.

School Employee - An individual who is employed in a preschool, an elementary or secondary educational institution in the public school system, a private nonprofit school, a church-sponsored school, or an institution of higher education.

- 51. School Employees Fund (SEF) - A pooled risk fund which public school employers may participate in to finance their UI rather than electing to be covered under the contribution tax method or the direct reimbursement method.
- 52. School Recess Period - An all-encompassing term used to describe an identifiable period of time such as summer vacation, special summer school vacation, and holiday periods such as Christmas and Easter. A school recess period can occur "between terms" e.g., an established and customary vacation period or holiday recess including those scheduled at Christmas and in the spring when those vacation periods or recesses occur within a term.
- 53. Social Security Account (SSA) Number - A number assigned an individual by the Social Security Administration as a means of identifying social security payments.
- 54. State Mandated Cost - Moneys appropriated by the State Legislature to pay for increases in UI costs brought about by statute.
- 55. Subject Employer - Any employer who, by law, is subject to the conditions set forth by the CUIC.
- 56. Subsequent Benefit Year - A claimant who exhausts the total weeks of benefits to which he or she is entitled (26 weeks is the maximum), cannot establish a subsequent benefit claim until the 52-week benefit year expires.

NOTE: Filing a new claim after the end of the first benefit year will establish a new base period. The claimant must have earned sufficient qualifying wages to establish a valid subsequent benefit claim.

- 58. Successor - A change in ownership, or a new ownership, of a business already registered as an employer. A new registration is required for either situation.
- 59. Suitable Employment - Work in a claimant's usual occupation or work for which he or she is reasonably fitted by experience, training, physical fitness, etc.

- 60. Third Party Sick Pay - When a third party, such as an insurance company, pays sick pay in place of wages for any period during which the employee is absent from work due to illness or injury, under a plan to which the employee is a party.
- 61. Total Wages - The gross wages paid to each employee. For reporting and paying contributions under the SEF, the gross (total) payroll of the entity is used.
- 62. Unemployed - An individual is “unemployed” for UI purposes if he or she meets the conditions as set forth in CUI Section 1252.
- 63. Wage Detail - Each calendar quarter, each covered employer is required to report a list of all employees on the payroll during that quarter, showing social security number, name, and total wages paid during that quarter. This information is asked for on the “Quarterly Wage and Withholding Report”, DE 6 (SEE APPENDIX C). Reporting can be done on the DE 6 form or magnetic tape.
- 64. Waiting Period - Generally, once eligibility, benefit year, base period and weekly benefit amount have all be established, there is a one-week waiting period that must be served following the start of the benefit year. No benefits are payable during the waiting period, but the claimant must be otherwise eligible for benefits in order to serve the waiting period.
- 65. Weekly Benefit Amount (WBA) - The weekly rate of benefits payable to a claimant, based on his or her highest quarterly earnings in the base period of the claim.

APPENDIX B

CALIFORNIA UI FORMS

A. PURPOSE

Each step of the UI program requires the use of the EDD. It is important that appropriate forms be used in each phase of the program to ensure that proper information is recorded, reported and exchanged.

All forms published by the EDD are available from the field office or from the Central Office, 800 Capitol Mall, Sacramento, CA 95814. Some forms and information sheets are available on the Internet at:

 <http://www.edd.cahwnet.gov/taxform.htm#Forms>

Reference is made throughout this manual to specific EDD forms used. The following list and succeeding pages identify and show copies of these forms.

B. UI FORMS INDEX	PAGE
1. DE 1101CZ Employer Notice of UI Claim Filed	66
2. DE 1545R Notice of Wages Used for UI Claim	68
3. DE 1545RI Explanation and Instructions for DE 1545R	69
4. Questions and Answers on DE 1545RI	70
5. DE 1080CT Notice of Determination	71
6. DE 1296B Benefit Audit	73
7. DE 1296E Instructions for Benefit Audit	74
8. DE 1000M EDD Appeal Form	76
9. Notice of Hearing	77
10. DE 9423 Quarterly Contribution Return for School Employers	78
11. DE 6 Quarterly Wage and Withholding Report	79
12. Instructions for completing DE 6	80

	PAGE
13. DE 938SEF Quarterly Return Adjustment Form for School Employers	81
14. Instructions for completing DE 938SEF	82
15. DE 428F Statement of Benefit Charges	83
16. DE 2176 Employer Account Statement	85
17. DE 542 Report of Independent Contractors	88
18. Instructions for completing DE 542	89
19. DE 34 Report of Employee(s)	90
20. Instructions for completing DE 34	91

DE 1101CZ (Employer Notice of UI Claim Filed)



THIS NOTICE WAS MAILED TO THE EMPLOYER/ADDRESS LISTED BELOW ON:

New Claim:

Additional Claim:

IMPORTANT: NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

This is a notice that a claim for unemployment insurance benefits has been filed. Forward it immediately to persons within your organization who are responsible for handling claims. **The time limit for replying is 10 days from the mail date shown above. Failure to respond may result in an increased Employment Tax Rate.**

The claimant provided us with the following information and listed you as his/her last employer:

Claimant's Name

Social Security Number

Effective Date of Claim:

Last Date Worked:

Reason for Separation:

I. EXPLANATION AND INSTRUCTIONS FOR EMPLOYERS

You have received this form because the individual shown above has filed a claim for unemployment insurance benefits and has listed you as his/her most recent employer prior to filing this claim. **No reply is required if the claimant was laid off due to lack of work and no other eligibility issue has been identified.** For detailed information on employer responsibilities in the unemployment insurance program, our DE 44, California Employer's Guide, is available upon request.

II. REPORTING FACTS - Respond in writing by completing Sections A, B, C on the reverse of this form.

The law requires an employer to submit any facts in his/her possession which may affect a claimant's eligibility for benefits. Furnish information if this claimant:

- Voluntarily quit
- Was discharged or fired for reasons other than lack of work.
- Left work because of a trade dispute.
- Is receiving a pension based on his/her prior work.
- Is working on a full-time basis, or has earnings payable over \$25.99, covering any time on or after the effective date of this claim as shown on the reverse side of this form.
- Is not able to work, available for, or seeking work.
- Has refused employment.
- Is not legally entitled to work in the U.S.
- Performed services as a sports or athletic participant and has reasonable assurance of performing such services in the next season.
- Made false statements or withheld material information in filing for benefits.
- If you are a school employer, also furnish information if the claimant has a contract for or reasonable assurance of returning to work.

Important: Make your response as complete as possible; these facts will be used in determining the claimant's eligibility.

A Department representative may contact you for further eligibility information before the 10 day reply date.

III. TIME LIMITS FOR REPLYING

Submit facts in writing to the field office shown at the top of this form within 10 days of the mail date shown above. If your mailing is late, explain your reasons for delay as the time limit may be extended only for good cause. You may reply on this form in the space provided in Section IV, on additional sheets as needed, or by separate letter. **Always** include your **State Employer Account Number** and include the claimant's Social Security Number as it appears on the claim and in your payroll records.

If you submit facts in a timely manner, a determination will be issued concerning the claimant's eligibility. In addition, if facts are submitted regarding a quit or discharge, a ruling will be issued advising an employer with a reserve account as to whether his/her account will be subject to changes resulting from benefits paid. To obtain a ruling on any prior quit or discharge involving this claimant, you must furnish facts within 10 days of the mail date shown above.

EXCEPTION: You will NOT receive a determination and/or ruling in response to your submission of eligibility information if the claimant does not certify for a compensable week in the benefit year of this claim. There can be no charges to your account if no benefits are claimed. The determination and/or ruling is deferred until such time as benefits are claimed. If you receive notice (DE 1101C, DE 1101C/Z, or DE 1545) that a later benefit year has been established, you must resubmit any facts you now furnish to be entitled to a determination and/or ruling based on such facts.

ADDITIONAL INFORMATION ON EMPLOYER RESPONSIBILITIES IS SHOWN ON THE REVERSE

Mail your response to the EDD office shown in the above upper left-hand corner.

DE 1101CZ (Employer Notice of UI Claim Filed)

IV. REPORTING ELIGIBILITY INFORMATION: Do not return this form unless Sections A or B are completed. It is necessary to complete Section C for all responses.

A. REPORTING FACTS:

Claimant Social Security Number _____ Date Last Worked was: _____
(from your payroll records) (Month Day Year)

B. OTHER COMPENSATION:

Complete the following if you paid or will pay any compensation, aside from regular salary, covering any time on or after the effective date of this claim. No entry is required if the claimant has been separated from your employ for any indefinite period and has or will receive only vacation pay.

Amount \$ _____ Type of Payment _____ for period from _____ through _____

C. EMPLOYER CERTIFICATION: THE ABOVE STATEMENTS WERE TAKEN FROM BUSINESS RECORDS OR ARE BASED ON KNOWLEDGE OF THE UNDERSIGNED.

PRINT name of person to contact for further information:

Name of contact: _____ Telephone No. (_____) _____ - _____ Ext. _____

Employer _____ Date: _____

STATE EMPLOYER

ACCOUNT NO.: _____ **Signed By:** _____

V. ELIGIBILITY DETERMINATION

It may be necessary to contact you by telephone or letter for eligibility information if an issue is identified by the field office. Regardless of whether such contact is made however, unless you respond to the notice by mail as described in this notice, you will not be entitled to a written notice of the Department's decision.

IMPORTANT:

- If, in the future, you obtain facts which may affect the claimant's eligibility, you should submit such facts in writing within **10 days** of the date you acquire the information.
- Section 1142 of the UI Code provides for the assessment of cash penalties against an employer who willfully makes a false statement or willfully fails to report a material fact regarding the termination of a claimant's employment.
- Section 2101 of the UI Code provides that it is a misdemeanor to willfully make a false statement or knowingly fail to disclose a material fact to obtain, increase, reduce, or defeat any payment of benefits.

PLEASE MAIL YOUR RESPONSE TO THE EDD OFFICE AND ADDRESS SHOWN IN THE UPPER RIGHT-HAND CORNER ON THE REVERSE SIDE OF THIS FORM.

TTY (non-voice) (800) 815-9387

DE 1545R (Notice of Wages Used for UI Claim)



DE 1545R

NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM

***RESPONSE MUST BE POSTMARKED BY**

YOUR ACCOUNT NO. BR. NO.

PREDECESSOR ACCOUNT NO.

CLAIM DATE

***IF WAGES ARE CORRECT AND YOU DO NOT WISH TO SUBMIT ELIGIBILITY INFORMATION,
NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.**

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME NAME WAGES REPORTED UNDER SOCIAL SECURITY NUMBER OTHER SOCIAL SECURITY NUMBER

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM

TOTAL WAGES REPORTED BY YOU

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM.

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR ACCOUNT IS

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS _____ TO A MAXIMUM BENEFIT AMOUNT OF . _____

TO SUBMIT FACTS AFFECTING THE CLAIMANT'S ELIGIBILITY, SUPPLY INFORMATION BELOW AND MAIL TO THE ADDRESS IN THE UPPER LEFT CORNER.


The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME _____ DATE _____

SIGNATURE _____ PHONE NUMBER () _____

DE 1545R Rev. 3 (7-99)

CU

<div style="text-align: center;">  Employment Development Department State of California </div>			
EXPLANATIONS AND INSTRUCTIONS FOR NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM (DE 1545R - DE 1545TR)			
CLAIM AND WAGE INFORMATION <p>The Claimant's Name is the name the claim is filed under.</p> <p>Name, Wages Reported Under is the name originally reported by you up to six letters of the surname and one initial.</p> <p>Social Security Number (SSN) is the number the claim was filed under. If you reported wages for this claimant with a different SSN it will appear under Other Social Security Number.</p> <p>Wages shown by quarter were wages reported by you and then totaled.</p> <p>Below your reported wages are the total wages used to establish this claim. If this total is greater than wages you reported, then wages from other employers were also used to establish the claim.</p> <p>The percentage shown is the total wages reported by you divided by the total wages used to establish the claim. The claimant's weekly and maximum benefit amounts are based on all wages reported during the quarters shown.</p> <p>If you believe any of the above claim and wage information is incorrect, please advise us in writing:</p> <p>Employment Development Department Insurance Re-computation Group, MFC 16 P.O. Box 826880 Sacramento, CA 94280-0001</p> <p>Phone: (916) 464-2325 for DE 1545R (916) 464-2305 for DE 1545TR</p>	ELIGIBILITY <p>The Department investigates the claimant's eligibility to determine if the claimant will continue to receive benefits. It is your responsibility to notify the Employment Development Department if you have information that the claimant:</p> <ul style="list-style-type: none"> • Refused work • Is working full-time • Is not available for work • Is physically unable to work • Left work because of trade dispute • Made false statements to secure benefits • Is a current employee of school district/college/university • Received a pension payment based on prior work 	BILLING METHOD <p>As a reimbursable employee, you must repay the Unemployment Insurance Fund on a dollar-for-dollar basis for benefits paid to former employees.</p> <p>You will receive a quarterly billing statement representing the total amount of benefits charged to your account. Payment is due within 30 days from the date of the billing.</p> <p>As a School Employees Fund employee, you are not billed. The Fund is billed for benefits paid to former school employees.</p> <p>If this claim is based partly on school wages, the percentage of benefits charged to you may be greater than the amount shown.</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> EMPLOYER RESPONSIBILITY <p>Facts about eligibility must be submitted in writing to the address in the upper left corner of the enclosed DE 1545R form.</p> <p>If you could not mail the information prior to the postmark date given on the form explain why. The time limit is extended if good cause is shown.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Equal Opportunity Employee/Program. Auxiliary services and assistance available to persons with disabilities.</p> </div>
<p>Section 1142 of the UI Code provides that if the Director finds any employer, or employer representative, in submitting facts concerning the termination of a claimant's employment, willfully makes a false statement, or representation, or willfully fails to report a material fact concerning such termination, the Director shall assess a cash penalty against the employer in an amount not less than 2 nor more than 10 times the weekly benefit amount of the claim.</p>			

**QUESTIONS AND ANSWERS
ON NOTICE OF WAGES USED FOR
UNEMPLOYMENT INSURANCE (UI) CLAIM**

- 1. Q. Is this notice of wages used, a bill?**

A. No, this is not a bill. This notice is to inform you that one of your ex-employees is collecting Unemployment Insurance benefits based in total or in part on wages paid by you. Your account will be charged for all or a portion of these benefits.
- 2. Q. Why am I responsible for an ex-employee who has not worked for me in over a year? How far back do the wages used for this claim go?**

A. Wages paid during the year that started approximately 19 months prior to a claim date may be used to compute a claim.
- 3. Q. I received a Notice of Wages Used for a person that never worked for me. What now?**

A. The Department's records indicate that this person was employed by you. Therefore, you should check your quarterly wage reports for the quarters shown on the DE 1545R. If the Department's records are in error, return the DE 1545R to the Insurance Recomputation Group and indicate that this person was never in your employ. (Address on the front of the enclosed DE 1545RI)
- 4. Q. Is there a different way to finance my unemployment insurance charges?**

A. Yes. There are two methods for financing your unemployment insurance charges. These are the tax rated method and the reimbursable method. For additional information refer to your California Employers Guide (DE 44) or contact your local Employment Tax Customer Service Office.
- 5. Q. Can I be charged more than the percentage shown on the DE 1545R/DE 1545TR?**

A. Yes. The percentage shown on the DE 1545R is calculated on the basis that all base period employers will contribute the same percentage during the life of the claim. When school employers wages are in the base period they will not be charged if the employee is scheduled to return to school employment at the end of the recess period. As a result your percentage/amount charged will be higher than originally calculated.

DE 1545RI Rev. 2 (7-99)

DE 1080CT (Notice of Determination)

EDD OFFICE NAME
P.O. BOX
CITY

CA ZIP CODE



NOTICE OF DETERMINATION / RULING

SSA NUMBER 000 00 0000

DATE MAILED 00 / 00 / 00
BENEFIT YEAR BEGAN 00 / 00 / 00

CLAIMANT'S NAME
CLAIMANT'S ADDRESS
CITY CA ZIP CODE

EDD TELEPHONE NUMBERS:
ENGLISH (800) 300-5616
SPANISH (800) 326-8937
CANTONESE (800) 547-3506
VIETNAMESE (800) 547-2058
OUTSIDE CA (800) 250-3913
TTY (800) 815-9387

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1256 BEGINNING 00 / 00 / 00 AND CONTINUING UNTIL YOU RETURN TO WORK AFTER THE DISQUALIFYING ACT AND EARN \$ 000.00 OR MORE IN BONA FIDE EMPLOYMENT, AND YOU CONTACT THE ABOVE OFFICE TO REOPEN YOUR CLAIM.

YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1275A BEGINNING 00 / 00 / 00 UNTIL YOU HAVE FILED A CLAIM FOR EACH OF 00 WEEKS IN WHICH YOU ARE OTHERWISE ELIGIBLE FOR BENEFITS.

YOU QUIT YOUR LAST JOB WITH (EMPLOYER NAME). YOU HAVE NOT SHOWN THAT THE QUIT WAS NECESSARY OR THAT YOU HAD EXPLORED ALL REASONABLE OPTIONS BEFORE QUITTING. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1256 PROVIDES – AN INDIVIDUAL IS DISQUALIFIED IF THE DEPARTMENT FINDS HE/SHE VOLUNTARILY QUIT HIS/HER MOST RECENT WORK WITHOUT GOOD CAUSE OR WAS DISCHARGED FOR MISCONDUCT FROM HIS/HER MOST RECENT WORK. SECTION 1260A PROVIDES – AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1256 IS DISQUALIFIED UNTIL HE/SHE, SUBSEQUENT TO THE DISQUALIFYING ACT, PERFORMS SERVICES IN BONA FIDE EMPLOYMENT FOR WHICH HE/SHE RECEIVES REMUNERATION EQUAL TO OR IN EXCESS OF FIVE TIMES HIS OR HER WEEKLY BENEFIT AMOUNT.

YOU GAVE THE DEPARTMENT INCORRECT INFORMATION CONCERNING YOUR CLAIM. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS THAT YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR PAYMENT OF BENEFITS. SECTION 1257A PROVIDES – AN INDIVIDUAL IS DISQUALIFIED IF HE/SHE WILLFULLY MAKES A FALSE STATEMENT OR WITHHOLDS RELEVANT INFORMATION TO OBTAIN BENEFITS. SECTION 1260C PROVIDES – AN INDIVIDUAL DISQUALIFIED UNDER SECTION 1275A IS INELIGIBLE FOR BENEFITS FROM 2 TO 15 WEEKS IF BENEFITS WERE NOT PAID AS A RESULT OF THE MISSTATEMENT OR OMISSION. HE OR SHE MUST SUBMIT A CONTINUED CLAIM FORM TO THE FIELD OFFICE TO COVER EACH WEEK AND MEET ALL ELIGIBILITY REQUIREMENTS. NO BENEFITS ARE PAYABLE FOR THREE YEARS FROM THE ORIGINAL EFFECTIVE DATE OF THIS DISQUALIFICATION UNLESS IT IS SATISFIED AT AN EARLIER DATE AND YOU ARE OTHERWISE ELIGIBLE.

APPEAL:

YOU HAVE THE RIGHT TO FILE AN APPEAL IF YOU DO NOT AGREE WITH ALL OR PART OF THIS DECISION.

1 OF 2

DE 1080CT

DE 1080CT (Notice of Determination)



TO APPEAL, YOU MUST DO ALL OF THE FOLLOWING:

- A. WRITE A LETTER STATING THAT YOU WANT TO APPEAL. EXPLAIN WHY YOU DO NOT AGREE. WRITE YOUR SOCIAL SECURITY NUMBER ON YOUR LETTER (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5022).
- B. MAIL YOUR LETTER TO THE ADDRESS OF THE OFFICE LISTED ABOVE (TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION 5023).
- C. FILE YOUR APPEAL WITHIN TWENTY (20) DAYS OF THE MAIL DATE OF THIS NOTICE OR NO LATER THAN 00 / 00 / 00.

YOUR HANDBOOK, A GUIDE TO UNEMPLOYMENT INSURANCE BENEFITS, GIVES MORE INFORMATION ABOUT APPEALS. IF YOU DO NOT HAVE A HANDBOOK, CONTACT THE ABOVE OFFICE.

APPEAL INFORMATION:

WHEN YOUR APPEAL IS RECEIVED, YOUR CASE WILL BE REVIEWED. IF THE DECISION IS STILL THE SAME, WE WILL SEND YOUR APPEAL TO THE OFFICE OF APPEALS. IF YOU APPEAL AFTER THE 20 DAYS, YOU MUST GIVE A GOOD REASON FOR THE DELAY OR THE ADMINISTRATIVE LAW JUDGE MAY DISMISS YOUR APPEAL.

THE OFFICE OF APPEAL WILL SEND YOU A LETTER WITH THE DATE, PLACE, AND TIME OF YOUR HEARING AND A PAMPHLET EXPLAINING APPEAL HEARING PROCEDURES. AT THE HEARING, THE ADMINISTRATIVE LAW JUDGE WILL LISTEN TO YOU, EXAMINE THE FACTS, AND MAKE A DECISION. YOU MAY HAVE A REPRESENTATIVE OR SOMEONE ELSE HELP YOU.

IF YOU ARE CLAIMING BENEFITS:

WHILE YOU WAIT FOR THE JUDGE'S DECISION, YOU MUST MAIL YOUR CLAIM FORMS.

IF YOU DO NOT GET CLAIM FORMS OR A HEARING LETTER, CONTACT THE ABOVE OFFICE. IF THE JUDGE DECIDES YOU CAN BE PAID, WE CAN ONLY PAY IF CLAIM FORMS WERE RECEIVED.

OTHER SERVICES: CONTACT EDD FOR INFORMATION ABOUT (1) JOB REFERRALS, (2) DISABILITY INSURANCE, (3) OTHER EDD SERVICES (4) SERVICES OFFERED BY OTHER AGENCIES.

(EDD DIRECTOR'S NAME)

DE 1296B (Benefit Audit)



BENEFIT AUDIT

Por favor llamar al (916) 464-2350
si necesita instrucciones en Español

REPLY IS REQUIRED BY LAW

Please return **ALL** Benefit Audit forms.

See enclosed instructions for step-by-step assistance.
For additional clarification, call (916) 464-2350.

1. If this **INDIVIDUAL WORKED** or had earnings, complete Items 2 through 6. For regular earnings, report when actually worked.

If **EARNINGS ARE ZERO** for all of the weeks listed, **CHECK HERE** ☐ and complete Item 6.
No other entries are necessary.

Week Begins	Week Ends	2. Gross Earnings	3. Circle Earnings Type Below
			<p>RE = Regular Earnings (includes overtime) V = Vacation Pay R = Residuals H = Holiday Pay C = Commissions S = Severance Pay P = Piece Work O = Other (indicate type) _____</p>
<p>4. Provide the following information:</p> <p>Actual First Day Worked: _____</p> <p>Still Employed <input type="checkbox"/> or Actual Last Day Worked: _____</p> <p>Additional dates (i.e., laid off, returned to work) and/or reason for separation: _____</p>			
<p>5. Compare the name and SSN shown above with your records. Enter any differences below:</p> <p>SSN: _____</p> <p>Name: _____</p> <p>Please complete the audit even if name or SSN is different.</p>			
<p>6. I hereby certify that the information provided is true and correct to the best of my knowledge.</p> <p>SIGNED: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone No.: _____</p> <p>Person (if other than above) to be contacted for additional information:</p> <p>Name: _____</p> <p>Telephone No.: () _____</p>			
<p>Please return ALL Benefit Audits within 10 days of receipt to:</p> <p>EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) P.O. BOX 3038 SACRAMENTO, CA 95812-3038</p>			

DE 1296B Rev. 22 (5-00)

CU-TA140a



INSTRUCTIONS FOR BENEFIT AUDIT

PURPOSE

The benefit audit process is a joint effort by employers and the Employment Development Department (EDD) to protect the integrity of the Unemployment Insurance (UI) Fund and to detect potential fraud. You previously provided the Department with earnings data regarding this employee on the Quarterly Wage and Withholding Report (DE 6). However, at this time the Department needs more detailed information for the weeks indicated on the Benefit Audit. The Benefit Audit does not mean the employee acted improperly. With the cooperation of the employer community, the benefit audit program leads to the successful detection of benefit overpayments and the reversal of related charges to the employer's reserve or reimbursable account.

INFORMATION

Requirements: Please complete and return all Benefit Audits within 10 days of receipt or obtain approval for an extension as required by Section 1085-4, Title 22 of the California Code of Regulations. It is a violation of Section 2106 of the California Unemployment Insurance Code to willfully neglect to provide this information.

Employer Liability: This Benefit Audit does not mean that a claim has been filed that affects your account. Your response does not entitle you to a determination or ruling.

Assistance: If you have questions or need assistance completing the Benefit Audit, call the Centralized Overpayment Establishment Group at (916) 464-2350.

Address: Return all audits to: **EDD, P.O. Box 3038, Sacramento, CA 95812-3038.**

Please refer to the reverse side of this sheet for **Specific Instructions** on completing the Benefit Audit form.

COMMONLY ASKED QUESTIONS AND ANSWERS

Q: The person listed on the Benefit Audit never worked for me. What should I do?

A: Verify the Social Security Number with your payroll records and report your findings on the audit.

Q: What if the employee's Social Security Number is the same, but the name is different?

A: Please enter your employee's name in the space provided in Item 5 and complete the audit.

Q: What if my work week is different from the Benefit Audit's benefit week?

A: In order to perform a valid audit it is necessary to match earnings for work performed to the benefit weeks listed. Please use records showing dates worked (such as time cards) to adjust or calculate earnings.

Q: What if the employee works on a seasonal or as needed basis?

A: Accurately report earnings (or no earnings) for the weeks listed on the audit. In Item 4, provide any additional dates (laid off, recalled or separation) related to the audit time period.

DE 1296E (Instructions for Benefit Audit)

SPECIFIC INSTRUCTIONS

- ① Check your records for the actual dates that the employee worked. If the individual had no earnings for all weeks listed on the Benefit Audit, mark the box provided and complete Item 6. If the individual had earnings for one or more of the weeks listed, complete Items 2 through 6.
- ② Report gross earnings for the 7 day work weeks indicated on the audit. Please note that earnings must be reported based on the week when worked or earned, not when paid.
- ③ For each week with gross earnings, circle the earnings type or types that apply. Please refer to the earning type definitions in Item 3 and see the example shown below.
- ④ Provide the first day and last day the employee actually worked. Provide additional information if relevant to the audit period.
- ⑤ This space allows you to report differences in name or social security number. Please complete the audit even if the name or social security number is different.
- ⑥ The information you provide in Item 6 allows us to contact you if necessary.

EDD Serving the People of California
State of California / Employment Development Department

Social Security No. (SSN): _____
Employee Name: _____

BENEFIT AUDIT

Por favor llamar al (916) 464-2350
si necesita instrucciones en Español
REPLY IS REQUIRED BY LAW
Please return ALL Benefit Audit forms.
See enclosed instructions for step-by-step assistance.
For additional clarification, call (916) 464-2350.

1. If this **INDIVIDUAL WORKED** or had earnings, complete Items 2 through 6. For regular earnings, report when actually worked.
If **EARNINGS ARE ZERO** for all of the weeks listed, **CHECK HERE** ☐ and complete Item 6. No other entries are necessary.

Week Begins	Week Ends	2. Gross Earnings	3. Circle Earnings Type Below
mm/dd/yy	mm/dd/yy	150	<input checked="" type="radio"/> RE V H S R C P O
mm/dd/yy	mm/dd/yy	100	<input checked="" type="radio"/> RE V H S R C P O
mm/dd/yy	mm/dd/yy	0	RE V H S R C P O
mm/dd/yy	mm/dd/yy	0	RE V H S R C P O

4. Provide the following information:

Actual First Day Worked: _____
Still Employed ☐ or Actual Last Day Worked: _____
Additional dates (i.e., laid off, returned to work) and/or reason for separation: _____

5. Compare the name and SSN shown above with your records. Enter any differences below:
SSN: _____
Name: _____
Please complete the audit even if name or SSN is different.


6. I hereby certify that the information provided is true and correct to the best of my knowledge.
SIGNED: _____
Title: _____
Date: _____
Telephone No.: _____
Person (if other than above) to be contacted for additional information:
Name: _____
Telephone No.: () _____

Please return ALL Benefit Audits within 10 days of receipt to:
EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)
P.O. BOX 3638
SACRAMENTO, CA 95812-3638

DE 1296B Rev. 22 (5-97)

CU-TA140

DE 1000M (EDD Appeal Form)

 <p>Employment Development Department State of California</p>	<p>EDD TELEPHONE NUMBERS:</p> <table style="width: 100%; border: none;"> <tr> <td>ENGLISH</td> <td>1-(800) 300-5616</td> </tr> <tr> <td>SPANISH</td> <td>1-(800) 326-8937</td> </tr> <tr> <td>CANTONESE</td> <td>1-(800) 547-3506</td> </tr> <tr> <td>VIETNAMESE</td> <td>1-(800) 547-2058</td> </tr> <tr> <td>OUTSIDE CA</td> <td>1-(800) 250-3913</td> </tr> <tr> <td>TTY (NON VOICE)</td> <td>1-(800) 815-9387</td> </tr> </table>	ENGLISH	1-(800) 300-5616	SPANISH	1-(800) 326-8937	CANTONESE	1-(800) 547-3506	VIETNAMESE	1-(800) 547-2058	OUTSIDE CA	1-(800) 250-3913	TTY (NON VOICE)	1-(800) 815-9387
ENGLISH	1-(800) 300-5616												
SPANISH	1-(800) 326-8937												
CANTONESE	1-(800) 547-3506												
VIETNAMESE	1-(800) 547-2058												
OUTSIDE CA	1-(800) 250-3913												
TTY (NON VOICE)	1-(800) 815-9387												
<p>EMPLOYMENT DEVELOPMENT DEPARTMENT APPEAL FORM</p>													
<p>If you want to appeal a Department determination, please explain why you disagree and return this form to the Department using the office address listed on the enclosed notice. You have 20 days from the date of the notice to file an appeal. The 20-day period may be extended for good cause. Reasons for filing an appeal after 20 days should be explained.</p>													
<p>Please note that claimants for Disaster Unemployment Assistance have 60 days to file an appeal. Employers who are appealing the Department's DE 3807 Notice of Determination or Assessment have 30 days to file an appeal.</p>													
<p>I disagree with the Department's decision dated _____ because:</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>													
<p>(Attach an additional sheet if more space is required)</p>													
<p>CLAIMANTS: While your appeal is pending, you must continue to file a continued claim form for the period that you want to claim benefits. If you are found eligible, you can be paid only for periods for which you have filed continued claim forms and have met all other eligibility requirements.</p>													
<p>The following information must be provided by the party filing the appeal (Appellant) or an authorized agent of the party filing the appeal. Signature of the appellant or agent is required.</p>													
<p>Do you need a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give language and dialect: _____</p>													
<p style="text-align: right;">Appellant Telephone No.: (____) _____</p>													
<p>Appellant Name: _____ Appellant Fax No.: (____) _____</p>													
<p>Appellant Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street No., Apt. No., or P.O. Box City State ZIP Code </div> </p>													
<p>Claimant Name: _____ Claimant Social Security Number: _____ - _____ - _____</p>	<p>Employer Account Number: _____ (For employer appeal only)</p>												
<p>Agent Name (if applicable): _____ Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street No., Apt. No., or P.O. Box City State ZIP Code </div> </p>													
<p>Signature Appellant or Agent: _____ Date: _____</p>													

Notice of Hearing



CALIFORNIA UNEMPLOYMENT
INSURANCE APPEALS BOARD

(NAME OF JUDGE)
Administrative Law Judge

NOTICE OF HEARING

Case No. 559411

HEARING TIME and PLACE

CLAIMANT'S NAME
SSN: XXX-XX-XXXX
Claimant

DATE: Thursday, January 10, 2002
TIME: 1:00 PM
PLACE: 160 W. Santa Clara St - Ste 300
San Jose CA 95113

SAN JOSE EVERGREEN COLLEG
c/o SANTA CLARA OFFICE OF EDUCATION
Account No: 000-0000
Employer-Appellant

Corner of Santa Clara & San Pedro Sts

EDD: 1450

- If an interpreter is needed, call the phone number below immediately.
- Bring all documents and witnesses necessary to support your case. Evidence is rarely accepted after the hearing.
- Arrive 15 minutes early to review the appeal file.
- **IMPORTANT:** Read the enclosed 'Hearing Information' pamphlet.

THE FOLLOWING ISSUES WILL BE CONSIDERED AT THE HEARING (Section references are to the Unemployment Insurance Code unless otherwise noted):

- 1253.3 Is the claimant a school employee who is ineligible for benefits between terms, or during an established and customary vacation or recess period.
- NOTE 2 If you do not speak English you must call immediately. Si no habla ingles debe de llamar inmediatamente.

Direct questions to:

SAN JOSE OFFICE OF APPEALS
Telephone: (408) 277-1561
Fax: (408) 277-1217

Date Mailed: 12/31/2001

DE 9423 (Quarterly Contribution Return for School Employers)



QUARTERLY CONTRIBUTION RETURN FOR SCHOOL EMPLOYERS

PLEASE TYPE THIS FORM - DO NOT ALTER PREPRINTED INFORMATION

Approved Extension To

QUARTER
ENDED

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

YR	QTR

Employer Account No.

942 -

DEPT. USE ONLY	DO NOT ALTER THIS AREA									
	P1	P2	C	P	U	S	W	A		
	Mo.		Day		Yr.		WIC			
	EFFECTIVE DATE									

A. NUMBER OF EMPLOYEES earning wages during or receiving pay for the pay periods that include the 12th day of the calendar month (enter numerals only). Please complete all fields. Blank fields will be identified as missing data.	1st Month	2nd Month	3rd Month
B. TOTAL SUBJECT WAGES PAID THIS QUARTER (Same figure on line M on DE 6)	(B)		
C. EMPLOYER'S UI CONTRIBUTIONS	(C)		
D. ADJUSTMENT TO PRIOR QUARTERS A DE 938SEF, QUARTERLY REPORT ADJUSTMENT FORM, MUST BE ATTACHED	(D)		
E. TOTAL TAXES DUE (Add items C and D) Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT INCLUDE EMPLOYER ACCOUNT NUMBER ON CHECK. Do Not staple check to return.	(E)		

HELP US IMPROVE THE QUALITY OF OUR EMPLOYMENT TAX SERVICES. PLEASE RATE OUR CURRENT SERVICES BY ENTERING THE APPROPRIATE NUMBER IN THE BOX: 4 = EXCELLENT 3 = GOOD 2 = FAIR 1 = POOR


F. BE SURE TO SIGN THIS DECLARATION: I DECLARE that the information herein is true and correct to the best of my knowledge and belief.			
Signature	Title (Administrator, Accountant, Preparer, etc.)	Phone ()	Date
		FAX ()	

NOTE: - IMPORTANT Please check the appropriate box: No payroll Enter "0" on line B. ☐ Final return ☐
Individual employees wages that are subject to Unemployment Insurance are reported on: Attached DE 6, Quarterly Wage Report ☐ Magnetic Media ☐

INSTRUCTIONS
Note: For Items A through E, if the amount is zero, enter 0.
ITEM A. Number of Employees - For each of the three months in the quarter, enter the number of employees earning wages during or receiving pay for the pay period(s) that includes the 12th day of each month. **Please complete all fields. Blank fields will be identified as missing data.**
ITEM B. Total Wages in Subject Employment - Enter the total of ALL UI subject wages paid (refer to the California Employer's Guide, DE 44, Employment and Coverage Situations).
ITEM C. Employer's UI Contributions - Multiply the amount entered in Item B by the employer's UI contribution rate, and enter this calculated amount in C.
ITEM D. Employers who are making an adjustment to a prior quarter must complete and attach a DE 938SEF, Quarterly Return Adjustment Form. The total debit or credit amount indicated on the DE 938SEF must be entered on line D. If no adjustment is being made enter 0. To expedite an adjustment to a prior DE 9423, use a DE 938SEF instead of an amended DE 9423.
ITEM E. Add items C and D. Enter the sum in E. If the sum is zero, enter "0" in Item E and check the box on the front of the return envelope. Make check payable to EMPLOYMENT DEVELOPMENT DEPARTMENT. If a DE 938SEF is attached, the amount remitted should reflect the adjustment.
(EXAMPLE: Item E shows \$500.00 due for the quarter. A DE 938SEF is attached for a credit of \$200.00. Remittance should be for \$300.00.)
ITEM F. Signature of preparer or responsible individual, including title, phone, Fax numbers and date.


INFORMATION
Employer UI contributions are due and payable on the first day of the calendar month following the close of each calendar quarter. Payment shall be delinquent if not paid on or before the last day of such month.
FILING THE RETURN - This return must report all UI subject California wages paid (refer to California Employer's Guide, DE 44, Employment and Coverage situations).
PENALTY of ten percent (10%) is added for failure to make payment by the delinquent date of the return. An additional ten percent (10%) is added if the return and report of wages is not filed within 60 days of the delinquent date of the return. Interest accrues from the delinquent date for the return.
NOTE: If you combine schools, you must file and pay the final return within 10 days of merging to avoid penalty and interest.
If your school was merged or if a change in district occurred during the period covered by this Quarterly Contribution Return, each district must file a separate return covering only that part of the quarter (or year for income tax forms) during which the particular district operated.
TOTAL WAGES - Means all remuneration payable for personal services when they meet the criteria of UI subject wages. (Refer to California Employer's Guide, DE 44, Employment and Coverage Situations.)
TAXABLE WAGE LIMITED - Total individual employee wages are taxable. There is no wage limit.
IF YOU NEED ASSISTANCE COMPLETING THIS FORM, CONTACT THE EMPLOYMENT DEVELOPMENT DEPARTMENT, SCHOOL EMPLOYEES FUND AT (916) 653-5380.

DE 6 (Quarterly Wage and Withholding Report)



**QUARTERLY WAGE
AND WITHHOLDING REPORT**

PLEASE TYPE THIS FORM PER INSTRUCTIONS ON REVERSE
You must FILE this report even if you had no payroll. If you had no payroll, complete
Items C or D and P.



00060198

YR QTR

Page number of

QUARTER ENDED

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

EMPLOYER ACCOUNT NO.

DO NOT ALTER THIS AREA

P1 C T S W A

EFFECTIVE DATE
Mo. Day Yr. WIC

A. EMPLOYEES full time and part time who worked during or
received pay for the payroll period which includes the 12th of
the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan DI wages on this page.
Report PIT Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL D. ☐ OUT OF BUSINESS/FINAL REPORT

E. SOCIAL SECURITY NUMBER	F. EMPLOYEE NAME (FIRST NAME)	(M.I.) (LAST NAME)	G. TOTAL SUBJECT WAGES	H. PIT WAGES	I. PIT WITHHELD

J. TOTAL SUBJECT WAGES THIS PAGE

K. TOTAL PIT WAGES THIS PAGE

L. TOTAL PIT WITHHELD THIS PAGE

M. GRAND TOTAL SUBJECT WAGES

N. GRAND TOTAL PIT WAGES

O. GRAND TOTAL PIT WITHHELD

P. I declare that the information herein is true and correct to the best of my knowledge and belief.

Preparer's
Signature

Title

(Owner, Accountant, Preparer, etc.)

Phone ()

Date

DE 6 Rev. 3 (1-98) (INTERNET) MAIL TO: State of California / Employment Development Department / P.O. Box 826288 / Sacramento, CA 94230-6288

Page 1 of 2

DE 6 (Instructions for completing DE 6)

INSTRUCTIONS FOR COMPLETING QUARTERLY WAGE AND WITHHOLDING REPORT
PLEASE TYPE ALL INFORMATION - TYPE DOUBLE SPACES ONLY--DO NOT SINGLE SPACE

FOR ASSISTANCE IN COMPLETING THIS FORM, obtaining additional forms, or inquiries regarding reporting wages or the subject status of employees, please contact the nearest Employment Tax Customer Service Office found in the white pages of your telephone directory under California State of, Employment Development Department. You may also refer to the California Employer Guide, DE 44.

Please record information in the spaces provided. If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. When reporting dollar amounts, use **DOLLARS AND CENTS**. Do not use dashes or slashes.

EMPLOYEE FIRST NAME	M.I.	EMPLOYEE LAST NAME	TOTAL SUBJECT WAGES
IMOGENE		A SAMPLE	12345.67

If you must hand print this form, write each letter or number in a separate box as shown. Do not write commas or decimal points.

EMPLOYEE FIRST NAME	M.I.	EMPLOYEE LAST NAME	TOTAL SUBJECT WAGES
I M O G E N E		A S A M P L E	1 2 3 4 5 6 7

IF YOU STILL OWE TAXES when preparing this report, submit a Payroll Tax Deposit (DE 88), with your payment to the address on the DE 88.

Retain a copy of the DE 6(s) for your records. If you have more than seven employees, use additional pages or a format approved by the Department. If using more than one page, number the pages consecutively at the top of the form. If the form is not preprinted, enter your account number, business name and address, the year, and quarter that the report is for. For information, specifications and approvals of alternate forms, contact the Alternate Forms Coordinator at (916) 255-0649.

ITEM A. NUMBER OF EMPLOYEES: Page 1 only: Enter the number of full-time and part-time workers who worked during or received pay subject to Unemployment Insurance (UI) wages for the payroll period that includes the 12th of the month. Please provide a count for each of the three months. Blank fields will be identified as missing data.

ITEM B. Check this box ONLY if the employees reported are covered by an employer sponsored Voluntary Plan for the payment of disability benefits. If you also have employees covered under the State Plan for disability benefits, report their wages and withholdings separately on another page of the DE 6.

WAGES AND WITHHOLDINGS TO REPORT ON A SEPARATE DE 6

Prepare a DE 6 to report the types of exemptions listed below. All three exemptions can be reported on one DE 6. Write the exemption title(s) at the top of the form (e.g., SOLE STOCKHOLDER), and report only those individuals under these categories. **Report all other employees or individuals without exemptions on a separate DE 6.**

- **Religious Exemption:** Employees who file and are approved by the Department for an exemption from SDI taxes under Section 2902 of the California Unemployment Insurance Code (CUIIC).
- **Sole Stockholder:** An individual who elects and is approved by the Department to be excluded from SDI coverage for benefits and taxes under Section 637.1 of the CUIIC.
- **Third Party Sick Pay:** Recipients exempt from SDI taxes under Section 631.5 of the CUIIC. Refer to the Employer Guide for detailed instructions on how to report.

ITEM C. NO PAYROLL: Check this box if you had no payroll this quarter. Enter zeroes in each box in Item A, and in Items M, N, and O.

ITEM D. OUT OF BUSINESS/FINAL: Check this box if this is your final report and you will not be reporting wages in any subsequent quarter. You must also complete an Annual Reconciliation Return (DE 7) and pay any amounts due with a Payroll Tax Deposit (DE 88), within 10 days of quitting business to avoid penalty and interest charges.

ITEM E. SOCIAL SECURITY NUMBER (SSN): Enter the SSN of each employee or individual to whom you paid wages in subject employment, paid PIT wages, and/or from whom you withheld state income taxes during the quarter. If someone does not have an SSN, report their name, wages and/or withholdings without the SSN and TAKE IMMEDIATE STEPS TO SECURE ONE. Report the correct SSN to EDD as soon as possible on a Tax and Wage Adjustments Form (DE 678).

ITEM F. EMPLOYEE NAME: Enter the name of each employee or individual to whom you paid wages in subject employment, paid PIT wages, and/or from whom you withheld state income taxes during the quarter.

ITEM G. TOTAL SUBJECT WAGES: Enter the total subject wages paid (including cents) to each employee during the quarter. Generally, most wages are considered "subject" wages. For special classes of employment and payments considered subject wages, refer to the Employer's Guide Appendix under "Types of Employment" and "Types of Payments."

ITEM H. PIT WAGES: Enter the amount of wages paid (including cents) that are subject to California state income taxes, even if you do not withhold PIT from the wages. You must enter PIT wages even if they are the same as Total Subject wages. For additional information regarding PIT wages, refer to the Information Sheet (DE 231PIT) Personal Income Tax Wages Reported on the Quarterly Wage and Withholding Report.

ITEM I. PIT WITHHELD: Enter the amount of PIT withheld from each individual during the quarter.

ITEM J. Enter the total subject wages paid (Item G) for each separate page. Do not carry this total forward from page to page.

ITEM K. Enter the total amount of PIT wages (Item H) for each separate page. Do not carry this total forward from page to page.

ITEM L. Enter the total PIT withheld (Item I) for each separate page. Do not carry this total forward from page to page.

ITEM M. ON PAGE 1 or the last page, enter the grand total of subject wages paid (Item J) for all pages for the quarter.*

ITEM N. ON PAGE 1 or the last page, enter the grand total of PIT wages (Item K) for all pages for the quarter.*

ITEM O. ON PAGE 1 or the last page, enter the grand total of PIT withheld for all the employees (Item L) for all pages for the quarter.*


***NOTE:** Provide separate grand totals for Voluntary Plan DI reporting and special exemption reporting (Religious Exemption, Sole Stockholder, Third Party Sick Pay). Combine all other wage and withholding reports to arrive at the grand totals for Items M, N, and O.

ITEM P. ON PAGE 1 ONLY, please sign, state your title, enter your telephone number, and date the form.


DE 6 Rev. 3 (1-98) (INTERNET)

Page 2 of 2

DE 938SEF (Quarterly Return Adjustment Form for School Employers)



**Employment
Development
Department**
State of California



**QUARTERLY RETURN
ADJUSTMENT FORM
FOR SCHOOL EMPLOYERS**

Please Follow Instructions on Reverse Side

Name _____

Address _____

Employer Account No. **942** - -

For Quarter Ended
MO. DAY YR.

I. COMPUTATION OF ADJUSTMENT IN CONTRIBUTIONS

B. TOTAL WAGES IN SUBJECT EMPLOYMENT

C. EMPLOYER CONTRIBUTIONS (Employer Rate times B)

I. Penalty (Refer to instructions on reverse side)

J. Interest (Refer to instructions on reverse side)

L. TOTAL

STATUTE OF LIMITATIONS

A claim for refund or credit must be filed within three years of the last timely filing date of the quarter being adjusted.

For Department Use Only

MO. DAY YR.

EFFECTIVE DATE

	(1) Previously reported	(2) Should have reported	(3) DIFFERENCES Debit/(Credit)

II. REASON FOR ADJUSTMENT

III. I declare that the above information is true and correct to the best of my knowledge and belief. This section must be completed for credit to be allowed.

SIGNATURE X	TITLE (Administrator, Accountant, Preparer, etc.)	Phone () FAX ()	DATE
-----------------------	---	----------------------	------

IV. EMPLOYEE WAGE ADJUSTMENT. Enter the correct total wages which should have been reported for the quarter.

NOTE: If you are adjusting more than four (4) employees, list the items on a separate page with the same format, including employer name and account number and the adjusting quarter.

SOCIAL SECURITY ACCOUNT NUMBER	EMPLOYEE NAME (First, Middle Initial, Last Name)	TOTAL WAGES SHOULD HAVE REPORTED FOR QUARTER
TOTAL of this page OR total for all pages attached.		

FOR DEPARTMENT USE ONLY

EXAMINER	DATE	REVIEWER	DATE	ORIGINATING UNIT
EXAMINER	DATE	REVIEWER	DATE	MIC/ETDO
CD	BN	SN	PMT	OP

DE 938SEF Rev. 8 (6-02) PO Box 2482, MIC 68 / Sacramento CA 95812-2482

DE 938SEF (Instructions for completion of Form DE 938SEF)

Instructions For Completion of Form DE 938SEF, Quarter Return Adjustment Form for School Employers

Information: Form DE 938SEF is to be used (a) when an adjustment is made to a prior quarter DE 9423, Quarterly Contribution Return; and/or (b) Unemployment Insurance benefits were withheld from a backpay award made to an employee.

To insure timely processing of your document, complete in full your employer account number, name and mailing address in the appropriate areas. Post the date of the quarter which is being adjusted. As an example, adjustments to returns covering the first quarter (January, February and March) should be shown as 03/31/_ _.

Submit **a separate** form DE 938SEF for each quarter to be adjusted.

Item I. Computation of Adjustment in Contributions. This part is used to compute the correct wage differences and the taxes.

Lines B, C:

Column 1 – enter the amounts reported on your quarterly report as filed.

Column 2 – enter the amounts that should have been reported.

Column 3 – enter the differences between Column 1 and Column 2.

Penalty: Add Penalty of ten percent (10%) of the contributions shown on Line C.

Interest: Add Interest computed on the total unpaid contributions plus penalty. The rate and method is prescribed by Section 1113, CUIIC and will change based on the date of the quarter you are adjusting.

Total: Compute by adding the total unpaid contributions plus Penalty plus Interest. Submit a check for this amount if balance is due the Department.

Item II. Reason For Adjustment. This item is used to explain the reason for the adjustment in Item I.

Item III. Signature: To be a valid claim form, an authorized representative must sign the adjustment form showing Title, telephone numbers and date.

Item IV. Employee Wage Adjustment. When adjustments are necessary to correctly report an individual employee's wages or social security number, complete as shown in the following examples.

A. Incorrect Amount of Wages Reported.

Enter Social Security Account Number, Employee Name, and the correct total wages for the quarter.

B. Wrong Social Security Account Number Reported. Requires two entries.

1. Enter **incorrect** Social Security Account Number, Employee Name and enter **zero (0)** for amount of wages paid.

2. Enter **correct** Social Security Account Number, Employee Name and enter the **total wages** paid for the quarter.

C. No Social Security Account Number Available When Report was Filed. Requires two entries.

1. Enter **all zeros** (000-00-000) for Social Security Account Number, Employee Name and enter **zero (0)** for amount of wages paid.

2. Enter **correct** Social Security Account Number, Employee Name and enter the **total wages** paid for the quarter.

NOTE: If additional space is needed, list the items on a separate page using the same format, including employer name and account number and the quarter adjusting.

For assistance in completing this form, or in obtaining additional forms, contact the School Employees Fund.

DE 428F (Statement of Benefit Charges)



Health and Human Services Agency

YOUR ACCOUNT NUMBER: 942-XXXX-X

MAILED ON OR BEFORE 01/25/02

SCHOOL EMPLOYEE'S FUND EMPLOYER
STATEMENT OF BENEFIT CHARGES

CHARGES FROM
10/01/01 THRU 12/31/01

XYZ ELEMENTARY SCHOOL DISTRICT
BX XXXXX
SACRAMENTO CA 95814

**TOTAL CHARGE
(PLEASE DO NOT PAY)**

\$4,877.00

PREDECESSOR ACCOUNT NUMBER:

BRANCH CODE: 000

PAGE

1

CLAIMANT SSA NUMBER	CLAIMANT NAME	CLAIM DATE	CLAIM TYPE	CHG QTR	BENEFIT PMT AMT	EMPLYR CHARGE	CHG CODE	PGM CODE
174-18-6249		02/25/01	A	014		4.00		00
554-45-8119		02/06/00	A	014		10.00		00
561-33-6641		07/01/01	A	014		15.00		00
561-61-8396		07/15/01	A	014		1175.00		00
562-43-6583		08/26/01	A	014		2817.00		00
565-27-5598		10/14/01	A	014		746.00		00
567-76-2833		06/10/01	A	014		42.00		00
569-45-3080		06/17/01	A	014		20.00		00
571-92-8026		07/01/01	A	014		98.00		00

P.O. Box 826880 / MIC 19 / Sacramento, CA 94280-0001 / (916) 653-5846

DE 428F (6-96)

DE 428F (Statement of Benefit Charges)

YOUR ACCOUNT NUMBER: 942-XXXX-X

MAILED ON OR BEFORE 01/25/02

PREDECESSOR ACCOUNT NUMBER:

BRANCH CODE: 000

PAGE

2

EMPLOYER CHARGE SUMMARY BY PROGRAM CODE

AMOUNT

00 UI

4,877.00

THIS BENEFIT CHARGE STATEMENT (DE428F) HAS BEEN SENT TO YOU BECAUSE YOU ELECTED THE SCHOOL EMPLOYEES FUND (SEF) METHOD OF FINANCING YOUR UNEMPLOYMENT INSURANCE (UI) COSTS.

THE TOTAL CHARGE AMOUNT REPRESENTS YOUR SHARE OF UI BENEFITS PAID TO YOUR FORMER EMPLOYEES.

THE BENEFIT AMOUNTS CHARGED TO THE SEF IS USED TO COMPUTE THE LOCAL EXPERIENCE CHARGE (LEC). DO NOT PAY THE LEC CHARGES FROM THE DE428F. A BILL, EMPLOYER ACCOUNT STATEMENT (DE2176), WILL BE SENT TO YOU FOR THE LEC AMOUNT (ONLY IF YOUR LEC RATE IS MORE THAN 0 PERCENT). PLEASE PAY THE AMOUNT SHOWN ON THE REMITTANCE ADVICE ATTACHED TO THE EMPLOYER ACCOUNT STATEMENT WITHIN 30 DAYS OF THE DE2176 MAILING DATE.

IF YOUR REVIEW OF THE DE428F INDICATES A DISCREPANCY, PLEASE DO NOT CHANGE THE AMOUNT OF THE CHARGES. SUBMIT PAYMENT AS REQUESTED ON THE EMPLOYER ACCOUNT STATEMENT (DE2176) AND NOTIFY US IN WRITING OF THE DISCREPANCIES FOUND. USE THE ADDRESS SHOWN ON PAGE ONE OF THE DE428F. SECTION 821(B) OF THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE (CUIC) REQUIRES YOU TO SUBMIT PAYMENT IN FULL.

CHARGE DISCREPANCY INFORMATION IS ESSENTIAL FOR THE PROPER ADMINISTRATION OF THE SEF AS PROVIDED IN SECTIONS 828 AND 832 OF THE CUIC.

FAILURE TO REPLY WITHIN 30 DAYS FROM THE DE2176 MAILING DATE WILL RESULT IN THE EMPLOYER ACCOUNT STATEMENT BEING PAID IN FULL BY THE SEF IN YOUR BEHALF. NO REPLY IS NECESSARY IF THIS BENEFIT CHARGE STATEMENT IS CORRECT.

DE 428F (6-96)

DE 2176 (Employer Account Statement)



DE 2176 EMPLOYER ACCOUNT STATEMENT
 SEND STATEMENT INQUIRIES TO:
 EMPLOYMENT DEVELOPMENT DEPARTMENT
 PO BOX 826880 MIC 19
 SACRAMENTO, CA 94280-0001

OR CALL: (916) 653-5846

910143162020206000000356096

DEPARTMENT USE ONLY		TOTAL AMOUNT DUE (PAY THIS AMOUNT)
		\$3,560.96
ACCOUNT NUMBER	STATEMENT DATE	CLOSING DATE
942-XXXX-X	02/06/02	01/23/02



XYZ ELEMENTARY SCHOOL DISTRICT
 BX XXXXX
 SACRAMENTO CA 95814

EMPLOYMENT DEVELOPMENT DEPT.
 PO BOX 826219 ATTN: CASHIER-RB
 SACRAMENTO CA 94230-6219

DE 2176 Rev. 4 (8-98)

21760898

Detach and Return This Portion With Payment
 Make Remittances Payable to EDD and Send to the Above Address:
 Include Account Number on All Checks and Inquiries

0614

TEAR ON PERFORATED LINE

KEEP THIS PORTION FOR YOUR RECORDS

PAGE 1	Account Number	942-XXXX-X	Statement Date	02/06/02
See Last Page For Account Summary			Closing Date	01/23/02

ALL SECTION NUMBERS REFER TO THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE UNLESS OTHERWISE NOTED

NOTICE OF AMOUNT DUE

Explanation: PURSUANT TO GOVERNMENT CODE SECTION 6103.5, A LIEN RELEASE FEE HAS BEEN ADDED TO YOUR ACCOUNT BALANCE. TO AVOID CONTINUED COLLECTION ACTION, PAY THE AMOUNT DUE IMMEDIATELY.

Period Ended: DECEMBER 31, 2000

1. Penalty	-----	\$0.00
2. Other Costs	-----	\$13.00

Net Amount Due \$13.00

FOR ADDITIONAL INFORMATION ABOUT THIS STATEMENT - SEE REVERSE

DE 2176 (Employer Account Statement)

PAGE 2	Account Number 942-XXXX-X	Statement Date 02/06/02
		Closing Date 01/23/02

ACCOUNT SUMMARY

Prior Statement Date 11/15/01

<p>1. Prior Statement Balance -----</p> <p>2. Payments and/or Other Credits -----</p> <p>3. DE938 ADJUSTMENTS -----</p> <p>4. DE938P ADJUSTMENTS -----</p> <p>5. Other Adjustments -----</p> <p>6. Sub Total -----</p> <p>7. Amounts Unpaid -----</p>	<p>\$0.00</p> <p>\$0.00</p> <p>\$0.00</p> <p>\$4.54 cr</p>	<p>\$3,483.99</p> <p></p> <p></p> <p></p> <p>\$4.54 cr</p> <p>\$3,479.45</p>
<p>8. Amounts Assessed this Statement -----</p> <p>9. Amounts Billed this Statement -----</p> <p>10. Interest (through 02/09/02) -----</p> <p>Total Amount Due -----</p>	<p>\$0.00</p> <p>\$13.00</p> <p>\$68.51</p>	<p></p> <p></p> <p>\$3,560.96</p>

Daily interest \$0.68 (Add or deduct the daily interest amount for each day you pay before or after the interest through date)

A NOTICE OF STATE TAX LIEN HAS BEEN FILED AGAINST YOU AS A RESULT OF YOUR CONTINUED FAILURE TO PAY YOUR TAX LIABILITY. IF THE AMOUNT DUE IS NOT PAID IMMEDIATELY, ADDITIONAL INVOLUNTARY COLLECTION ACTION MAY BE INITIATED, WHICH INCLUDES SEIZURE AND SALE OF YOUR BUSINESS AND/OR PERSONAL PROPERTY.

FOR ADDITIONAL INFORMATION ABOUT THIS STATEMENT SEE BACK OF PAGE 1

ADDITIONAL INFORMATION ABOUT THIS STATEMENT

OTHER CREDITS - Credits from other quarters, applied to this liability, as a result of one or more of the following circumstances:

- Payment in response to a previous billing or assessment was greater than the amount due.
- Correspondence or other employer contacts resulting in reduction or cancellation of PAID contributions, penalty and/or interest.
- Correction of employer calculation or clerical errors identified by our automated system on a PAID liability.
- Correction of data entry errors on a PAID liability.

DE 938 ADJUSTMENTS - Credits applied or amounts due based on a DE 938, Quarterly Report Adjustment Form, submitted by or on behalf of the employer.

DE 938P ADJUSTMENTS - Credits applied based on a DE 938P, Claim for Adjustment or Refund of Personal Income Tax, submitted by or on behalf of the employer.

OTHER ADJUSTMENTS - Adjustments to the UNPAID liability on your account as a result of one or more of the following circumstances:

- Correspondence or other employer contacts resulting in reduction or cancellation of UNPAID contributions, penalty and/or interest.
NOTE: Some payment reapplication(s) may result in an increase to the previous balance.
- Reduction of UNPAID contributions, penalty and/or interest resulting from transfer of returns to the correct account or quarter.
NOTE: Some return transfers may result in an increase to the previous balance.
- Correction of employer calculation or clerical errors, identified by our automated system, on an unpaid liability.
- Correction of data entry errors on an UNPAID liability.

FORMS DELINQUENCY - If you have previously filed these forms, submit a copy to the inquiry address on this statement.

UI -	Unemployment Insurance	PIT -	Personal Income Tax
ETT -	Employment Training Tax	LEC -	Local Experience Charge
DIEC -	Disability Insurance Elective Coverage	DI -	Disability Insurance

Payments posted and/or adjustments made AFTER THE CLOSING DATE of this statement are not shown in the total amount due.

DE 542 (Instruction for completing the Report of Independent Contractors)

INSTRUCTIONS FOR COMPLETING THE REPORT OF INDEPENDENT CONTRACTOR(S)

WHO MUST REPORT:

Any business or government entity (defined as a "Service-Recipient") that is required to file a Federal Form 1099-MISC for service performed by an independent contractor (defined as a "Service-Provider") must report. You must report to the Employment Development Department within twenty (20) days of EITHER making payments of \$600 or more OR entering into a contract for \$600 or more with an independent contractor in any calendar year, whichever is earlier. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An independent contractor is further defined as an individual who is not an employee of the business or government entity for California purposes and who receives compensation or executes a contract for services performed for that business or government entity either in or outside of California. For further clarification, request *Information Sheet: Employment Work Status Determination* (DE 231ES). See below for additional information on how to obtain forms.

YOU ARE REQUIRED TO PROVIDE THE FOLLOWING INFORMATION THAT APPLIES:

Service-Recipient (Business or Government Entity):

- Federal employer identification number
- California employer account number
- Social security number
- Service-recipient name/business name, address, and telephone number

Service-Provider (Independent Contractor):

- First name, middle initial, and last name
- Social security number
- Address
- Start date of contract (if no contract, date payments equal \$600 or more)
- Amount of contract including cents (if applicable)
- Contract expiration date (if applicable)
- Ongoing contract (check box if applicable)

HOW TO COMPLETE THIS FORM:

If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use commas or periods.

FIRST NAME	MI	LAST NAME
IMOGENE	A	SAMPLE
SOCIAL SECURITY NO.	STREET NO.	STREET NAME
123456789	12345	MAIN STREET
		UNIT / APT.
		301

If you **handwrite this form**, print each letter or number in a separate box as shown. Do not use commas or periods.

FIRST NAME	MI	LAST NAME
I M O G E N E	A	S A M P L E
SOCIAL SECURITY NO.	STREET NO.	STREET NAME
1 2 3 4 5 6 7 8 9	1 2 3 4 5	M A I N S T R E E T
		UNIT / APT.
		3 0 1

GENERAL INFORMATION:

If you have any questions concerning this reporting requirement, please call (916) 657-0529. You may also contact your local Employment Tax Customer Service Office listed in your telephone directory in the State Government section under "Employment Development Department." Or you may access our Internet site at www.edd.ca.gov.

To obtain additional DE 542 forms:

- Enter number of forms needed in upper right hand corner on front of form; or
- Visit our Internet site at www.edd.ca.gov; or
- For 25 or more forms, telephone (916) 322-2835
- For less than 25 forms, telephone (916) 657-0529

To obtain information for submitting *Report of Independent Contractors* on magnetic media, call (916) 651-6945.

HOW TO REPORT:

Please record the information in the spaces provided and mail to the following address or fax to (916) 255-3211.

EMPLOYMENT DEVELOPMENT DEPARTMENT
P. O. Box 997350, MIC 99
Sacramento, CA 95899-7350

DE 34 [Instructions for completing the Report of Employee(s)]

INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S),

WHO MUST BE REPORTED:

Federal law requires all employers to report to EDD within 20 days of start of work all employees who are newly hired or rehired. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a W-4 form to the employer.

WHAT MUST BE REPORTED ON THIS FORM:

Employer's:

- California Employer Account Number
on each form completed
- Branch Code - Complete only if employer was assigned a Branch Code number
- Federal Employer Identification Number
- Business name and address

Employee's

- First name, middle initial, and last name
- Social security number
- Home Address
- Start of work date (hire date)

HOW TO COMPLETE THIS FORM:

Please record information in the spaces provided. If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use dashes or slashes

EMPLOYEE FIRST NAME										MI	EMPLOYEE LAST NAME																												
I M O G E N E										A	S A M P L E																												
SOCIAL SECURITY NO.										STREET NO.										STREET NAME										UNIT/APT									
1 2 3 4 5 6 7 8 9										1 2 3 4										A N Y S T R E E T										3 1 2									

If you **must** hand print this form, write each letter or number in a separate box as shown. Do not use commas or periods.

EMPLOYEE FIRST NAME										MI	EMPLOYEE LAST NAME																												
I M O G E N E										A	S A M P L E																												
SOCIAL SECURITY NO.										STREET NO.										STREET NAME										UNIT/APT									
1 2 3 4 5 6 7 8 9										1 2 2 3										A N Y S T R E E T										3 1 2									

ADDITIONAL INFORMATION:

To obtain information for submitting Reports of New Employee(s) on magnetic media, call (916) 654-6845.

If you have any questions concerning this reporting requirement, please contact your local Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory in the State Government section under "Employment Development Department".

TO OBTAIN ADDITIONAL DE 34s:

- Enter number of forms needed in spaces provided next to Federal ID Number (**on the first page only**);
- Visit EDD's Home Page at www.edd.ca.gov
- Contact your local ETCSO or for 25 or more forms Telephone (916) 322-2835.

An inquiry line (916) 657-0529 has been established to provide information about this reporting requirement. A customer service representative will be available to assist you during normal business hours.

HOW TO REPORT:

Please record the information in the spaces provided and mail to the following address or FAX to (916) 255-0951.

EMPLOYMENT DEVELOPMENT DEPARTMENT
P. O. Box 997016, MIC 23
West Sacramento, CA 95799-7016

APPENDIX C

ROLE OF THE CLAIMS ADMINISTRATOR

A. Services

The claims administrator conducts an unemployment insurance cost control program. Their personnel are available at any time to discuss any aspect of their services or of the unemployment insurance process. Careful monitoring and close communication are central to the program's effective functioning. Following is an outline of the various services provided by the claims administrator:

Claims Administration

- Protest unemployment insurance claims
- Ensure timely and concise responses
- Review/protest determinations
- Formulate appellate actions

Hearing Representation

- Represent the school district at every appeal hearing
- Determine relevant facts through documentation and conversations with involved personnel
- Coordinate hearing arrangements
- Select and prepare appropriate witnesses
- Cross-examine claimants at hearings
- Submit appeals to the Unemployment Insurance Appeals Board

Actuarial Services

- Compute liability for each claim
- Track benefit charges electronically
- Audit benefit charge statements
- Appeal all erroneous charges

Statistical Data & Management Reports

- Quarterly claims activity reports
- Analysis of reports to aid program involvement

Education & Training Development

- Conduct workshops for supervisory personnel

Consultations

- Consultations concerning disciplinary or separation issues, individual claims, the Unemployment Insurance Code, application and interpretation of precedent benefit decisions, etc.
- Meeting to review program operation and results

B. Claims Management

The claims administrator provides personalized local handling of each claim. Claims are protested when it is indicated that such action should be taken. Prior to claim protests being submitted to the EDD, the claims administrator will obtain as much information as possible from district personnel who have information about the claimant. Where possible, the claims administrator will interact directly with the EDD in order to increase the district's efficiency.

After the claims protests are submitted and the decisions received, the claims administrator will communicate with the school district regarding acceptance or appeal of unfavorable determinations. When a decision has not been received within a reasonable period the claims administrator will follow up with EDD to ensure a determination is issued.

C. Hearing Process

If it is decided that an unfavorable decision is to be appealed, the claims administrator will arrange a hearing before an ALJ. During the pre-hearing meeting, the claims administrator will review all of the information in the EDD file, go over all of the facts with the school district's witnesses, and review pertinent district records. Pre-hearing meetings are essential to avoid surprises at the hearing and to brief the district supervisory staff members of the circumstances and issues that will be considered by the ALJ.

Witnesses are prepared in advance for all scheduled hearings to allow for a more thorough presentation to reduce the chances of an incomplete record or an unfavorable hearing decision.

The claims administrator's representative will attend the hearing with witnesses. There may be hearings where it is not necessary to have a witness from the school district because the issues do not necessitate district personnel being present. The claims administrator will handle such hearings alone or through submission of written declarations or affidavits.

In the event an unfavorable ALJ decision is received, the claims administrator will review the advisability of appealing to the Appeals Board with the school district so that both parties agree on the appropriate action to be taken.

After submitting an appeal, the claims administrator may also submit a written argument to the Appeals Board. This consists of a summary of the testimony taken and a specific review of any precedent benefit decisions which have a bearing on, and which would justify appealing, the matter.

After the Appeals Board's decision is received, the claim is closed out to the school district stating the disposition, the reasons for the decision, and any other suggestions that may be appropriate because of the decision. At this point, an unfavorable decision may be appealed to the superior courts.

D. Records

Results of the unemployment insurance cost control program are summarized in a quarterly management report, "*Claims Activity Summary*", which includes a list of all claims filed showing the reasons for separation, protest/appeal disposition, the benefit year, the potential liability, and actual charges to date.

All claims are coded in a manner that identifies the claim with a cost breakdown by various sites within the school district.

E. Meetings

Any district may request a meeting to review procedures or discuss any problems should they arise. The County Office of Education should be contacted and serve as a liaison between the district and the claims administrator.



Gray Davis
Governor
STATE OF CALIFORNIA

Stephen J. Smith
Secretary
LABOR AND WORKFORCE DEVELOPMENT AGENCY

Michael S. Bernick
Director
EMPLOYMENT DEVELOPMENT DEPARTMENT

The California State Employment Development Department (EDD) is a recipient of federal and state funds, is an equal opportunity employer/program, and is in compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

The information contained herein is available in alternate formats.